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MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07327 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN (Type or Print) ESTI-OF Folward. 2, and 3 to PM3. Poge Newman besi DEATH MATED IF UNDER 1 YEAR IF LINDER 24 HRS 4. RACE 6. AGE (In years last birthday) DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH MARRIED NEVER MARRIED. 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? should be forwarded to the Chief Medical Examiner's Office along with form the State De Nontgome Id. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) INDUSTRY 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. odmission) STATE 13b. COUNTY Mont gomery Rockville Route 28-13.7.52. YES NO X I ond 2 after IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Lost = pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** (Yes, no, ar upknown) 5-26-747 Year File ony event within 72 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) be executed permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: "pending" Crushed. Sudden IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Trauma. from auto accident. buriol-transit Canditians, if any, which gave rise to immediate couse (a), certificote should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 cremation, or removal, used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [ NO IX pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING Passenger in cor went out of contral 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK Pante 108 + New Hamphiere Duria, 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry 3 and in my opinion Accident X. death resulted fram: Natural causes . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral **SIGNATURE** DEPUTY MEDICAL EXAMINER 5 may TO FUNE Heolth **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) Mongomery John G. 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Fairview Frederick 5-26-1968 Fred. 24. FUNERAL DIRECTOR C. E. Hicks. 111 VR A15ME

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 26. ноцвт Middle Last 2a. DATE OF DEATH 1. DECEASED-NAME First remove corbon papers. Poges 1 and 2 any event, within 72 hours after death. (Type, ar print) Month Year requires that the death certificate be executed within 24 hours after deat the funeral NICHOISON WITTTAM VIER FIDT TH 6. AGE (In years IF LINDER 1 YEAR S. DATE OF 8IRTH IF LINDER 24 HRS 3. SEX 4. RACE in by the Poges last birthday) DAYS HOURS MONTHS 2/18/84 male white 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign B. MARRIED NEVER MARRIED WIDOWED DIVORCED [ Montgomerv Maryland physicion and completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY Farm give street address)
Montgomery Gene ral Hospt. during most of working life, even if retired.) Olney 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Marvland 13b\_county Montgomery YES NO 🗌 9917 Main Street Damascus 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First Middle First Middle Lewis Nicholson Susie buriol, cremotion, or removal, and 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Medical Records Dept. of (If yes give war or dates of service) Yes, na. ar unknown) 212-11-1694 Olney. Monte. General Hospt. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: retrovas culas IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ortera sclamis signed by the buriol-transit p Canditians, if any, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the d for use as the af Heolth prior to hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO F Page 4 may be retained by the hospital or certificote 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M detached ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. No. director, page 3 should be detache should be filed with the State Dept. State 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn County While Nat while at wark 220. I certify that (this hospital) attended the deceased from Arms 24, 1968, to filly 31, 1968, that (we) last saw the deceased alive an May 31, 1968, and that in (per) (aur) apinian death occurred an the date and haur and from the FUNERAL DIRECTOR: After couses stated obove, ( (we) ( did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Chester LeeRoy Wagstaff 5000 Norbeck Rd. Rockville 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) Cemetery Beallsville Beallsville Montgomerky Will 19 AR REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) Rosabell G. Sandison Gaithersburg, Md. 30M REV. 1/68 DATE

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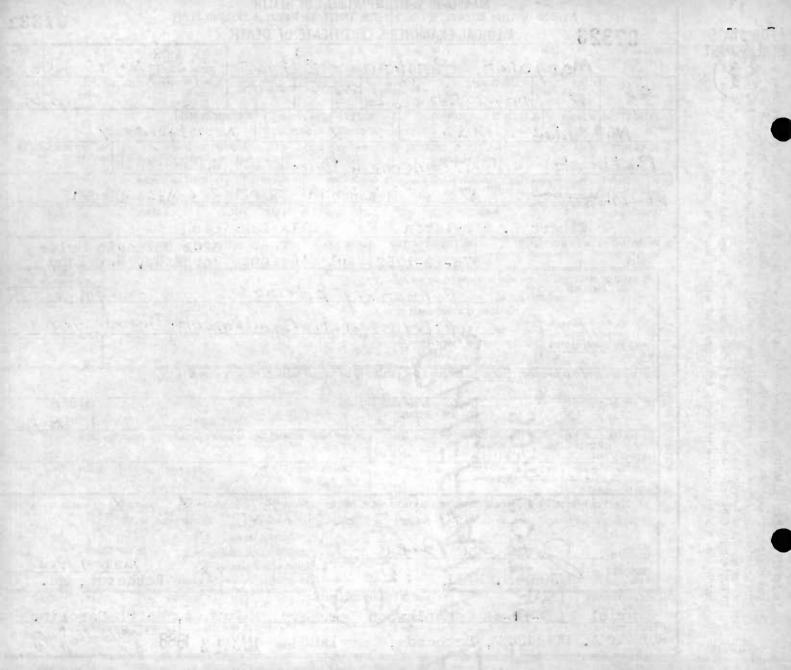
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MARYLAND STATE DEPARTMENT OF HEALTH

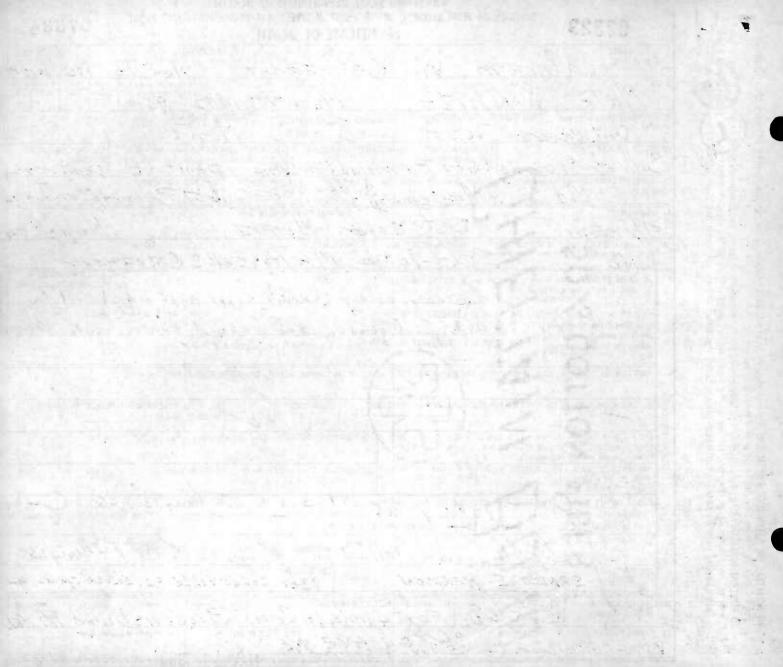


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07333 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Month Dov -rances 3. SEX 4. RACE ATE OF BIRTH IF UNDER 1 YEAR IF LINOFR 24 HRS AGE (In years last birthday) DAYS MONTHS HOURS 6-15-17 YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED country) WIDOWED [ DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 125, KIND OF BUSINESS OR INDUSTRY give street oddress during most of working life, even if retired.) burial, crematian, ar removal, and in any event, wit campletely 72/e RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER NO 14 FATHER'S NAME Middle MOTHER'S MAIDEN NAME First Middle and enora Osacod physician ( 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or unknown) (If yes give war or dates of service) -10-616711 affending p 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Cardiovascular Conditions, if ony, which gove ) signed by the burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? YES 🗌 O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HDW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote OFFICE BUILDING, ETC. While Not while O FUNERAL DIRECTOR: After this ot work L ot work , 19 66, to 220. I certify that (I) (this hospital) attended the deceosed from 1961, and that in (my) (cur) opinian death accurred an the date and haur and fram the saw the deceased alive an -10 couses stated above, (1) (we) (did) (did net) view the body after death. 22c. DATE-SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR PHYS. 22e ADDRESS PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) **BEMOVAL** (Specify) 1968 Georgia Ave. Pumphrey, Inc. 30M REV. 1/68

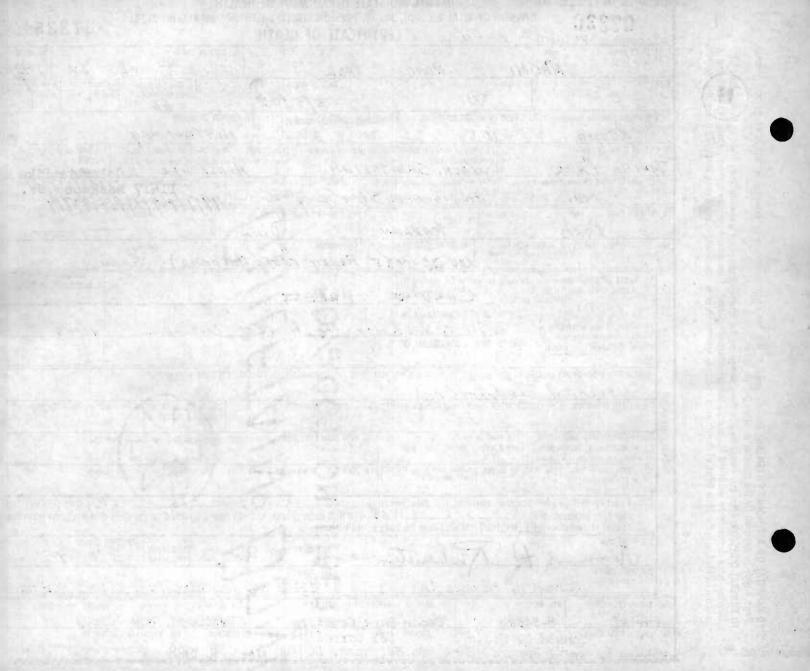
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07334 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR 24 haurs after death (Type or print) 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In veors IF UNDER 1 YEAR IF LINDER 24 HRS last birthday) MONTHS ! DAYS HOURS YRS 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY 8. MARRIED NEVER MARRIED country) WIDOWED [ DIVORCED [ 10. CITY OR JOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street address during most of working life, even if retired.) **INDUSTRY** please remave carban the attending physician and campletely sit permit. Then please remave carban en tist event, 13a. USUAL RESIDENCE (Where deceased lived it institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY admission) STATE NO and in any 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First Middle 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? SECURITY NO 17. INFORMANT Address Yes, no. or unknown) (If yes give war or dates of service) ar remaval, strande 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
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	70	BIRTHPLACE (State ar fareign 7	b. CITIZEN OF WHAT COUNTRY?	10	5/5/02	9. COUNTY OF	66 YRS.		
in hour		Russia	1. S.	WIDOWED	NEVER MARRIED DIVORCED		GOMERY		Md
filled in papers. Thin 72 h	10. 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I	INSTITUTION (If not in	haspital 12a, US	UAL OCCUPATION	(Kind of work done	12b. KIND OF B	USINESS OR
ely felly formatti		AKOMA PARK	give street address)	HITARIU	during t	mast at warking	life, even if retired.)	INDUSTRY	Pike
bing PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death by the haspital ar attending physician.  After this certificate has been signed by the attending physician and campletely filled in by the fundral be detached for use as the burial-transit permit. Then please remaye carban papers. Pager 1 and State Dept. of Health priar ta burial, cremation, ar remayal, and in any event, within 72 habs after death		USUAL RESIDENCE (Where deceased issian) STATE	lived, if institution: Residence before 13b. COUNTY		Spring YES 2		REET AND NUMBER	Lock holds	dy.
exec any cany	14.	FATHER'S NAME First	Middle Last		OTHER'S MAIDEN NAME		Middle	1771111	Last
be n an an din d		BORIS	KAPA		Dix	VA			
icate sicia plea I, an		(es, na, ar unknawn) (If yes give war	or dates of service)		RRAY PAUL	/ Mucho	Address So.		
certif phy hen nava	-	10 CAUSE OF DEATH (Enter only	134 26 - 0 ane cause per line far (a), (b), and (		RRY THULL	HUSDA	30	APPROXIMA	ATE INTERVAL
ath oding		PART I. DEATH WAS CAUSED I	BY: Cano.		RREST	1		BETWEEN ONS	SET AND DEATH
e der after sermi		4129 IMMEDIATE	DUE TO, OR AS A CONSEQUENCE O	)F	7	~.			
the the sit p		Canditians, if any, which gave )	(b) ARTERIO	seloro-	tie HEAR	TUI	seas e,	years	
tho ian. I by tran		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE C	)F					
uires hysic gned urial		PART 2 OTHER SIGNIFICANT CONDI	(c) ITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	IE TERMINAL DISEASE OF	R CONDITION GIVE	N IN PART 1(a)		
req ng p en si en bi ta bi	Z	Corebnal	Infanctions						
The law requires the attending physician. has been signed by se as the burial-traith priar ta burial, cre	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	INDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	CALISES	YES, WERE FINDINGS (	ONSIDERED IN CER	TIFYING
r aff	ERTIFI	21a. ACCIDENT WAS UNDERLYING	OIL TIME OF INITIDY	las now	YES NO [ INJURY OCCURRED (Ent			January 10 V	
IAN: tal a ficat far far f Hea		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Yes	or	INJURY OCCURRED (En	ter nature at inju	ry in Part 1 or Part 2,	nem 10.)	
Page 4 may be retained by the haspital ar To FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. of Health	MEDICAL	(If either, natify medical examine 21d. INJURY OCCURRED 21e. P	LACE OF INJURY (AT HOME, FARM, SYREET, OFFICE BUILDING, ETC.	19 FACTORY,) 21f. LOCAT	TION Street or R.F.D. N	Na. City	ar Tawn	Caunty	State
G Pt the This deta		at wark at wark							40.
DIN by Stat	г	22a. I certify that (I) (this	haspital) attended the deced	ised fram	( <u>(@</u> , 19_ hat in (mv) (aur) a	<u>67</u> , ta pinian death (	occurred on the do	<u>68</u> , that ( ate and hour a	(I) (we) last nd fram the
OR: auld the		causes stated abave,	(I) (we) (did) (did nat) view th	e bady after dec	ith.	pillian coalii			
OR ATTENDIN be retained by JIRECTOR: After e 3 should be		22b. SIGNATURE	11 R.O.	To DEGREE	ATTENDING PHYS.	MED. DIRECTOR		DATE SIGNED 5/6/68	>
V be v be diled filed		22d. PHÝSICIAN'S	H. V wens	them DEGREE	22e. ADDRESS	DIRECTOR -	PHYS.	2/4/00	
PIT/ t ma ERA ERA d be		111111 T	H. Rubenstein		11161 N	ew Hapsh	nire Ave.	Silver S	pring
Page 4 may be retained to FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	230	BURIAL, CREMATION, 23b. DA		OF CEMETERY OR CR			ON (City ar Tawn)	(Caunty)	(State)
5 5 5 2	24			r Park Ce SS 232 Car	metery	BY REGISTRAR	25b. REGISTRAR'S		
VR A15 (4) 30M REV. 1/68		DONALA	M. Stein Funeral Home St.	.NW, Wash	1000	AAY A		carles for	idge.



7 (1)	07331 DIVISION OF VITAL RECORDS, 301 W. PRESTON S	STREET, BALTIMORE, MARYLAND 21201
1	Iteml3c&@FilmGh01 6/3/68km CERTIFICATE O	F DEATH 97336
£ - XEX	1. DECEASED-NAME First Middle Lost (Type or print)	20. DATE OF DEATH 2b. HOUR 1
ded ded	JAMES IRVIN PATHE	M97th D23 Y88 11:51
草艺	3. SEX 4. RACE 5. DATE OF	lost hirthdow) MONTHS DAYS HOURS MIN
rrs a		
haurs in by the Page Hours	76. BIRTHPLACE (Stote or foreign country)  75. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER M	
led appe	VIRGINIA U.S.A. WIDOWED DIN  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospito	C Inc.
uted within 24 haurs aft mpletely filled in by the ve carban papers. Pages event, within 72 hours of	OLNEY GENERAL	during most of working life, even if retired.) INDUSTRY
cute we eve eve	13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before deceosed lived, if institution: Residence before light (IT) or TOWN l	YES NO NO BROOKE/ GROVE/ FOUNDATION
exe ema any	14. FATHER'S NAME First Middle Lost 15. MOTHER'S	MAIDEN NAME First Middle Lost
be n ar	DAMES INTIME	ktie K FALLBUSH
ertificate be physician en please iaval, and in	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (II) yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT	Address
phy phy nen ava		AL RECORDS OLNEY, MD.
quires that the death certificate be exemply physician. signed by the attending physician and co burial-transit permit. Then please rema burial, crematian, ar remaval, and in any	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:  IMMEDIATE (AUSE (c))	BETWEEN ONSET AND DEATH
ne death attendir permit. ian, ar re	1/97V	DARY CONGESTION, 48 HRS.
the arian	Conditions, if ony, which gove)  DUE TO, OR AS A CONSEQUENCE OF	ULMONALE YES
hat n. sy th ansi	rise to immediate couse (o), stoting the underlying couse  (b)  DUE TO, OR AS A CONSEQUENCE OF FINALLY COURSE.	in a little
quires that t physician. signed by the burial-transit burial, cremal	lost. (c) EMPH/S	EMPT, PULMONARY. YES.
equi phy sign buri buri	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	
ding een the	E LHEUMATOID HETHEITIS	PULHONARY FIBROSIS
AN: The law requires that or attending physician icate has been signed by far use as the burial-trail Health priar ta burial, cre	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. ALL YES 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW	JTOPSY?  NO  O  20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
AN: Tal or all or all or all or all far us		OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.)
CCIA bifol tifico d fo af H	OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Day Year   19	
OR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate ge 3 shauld be detached far used with the State Dept. af Hea	21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY. ) 21f. LOCATION ST	treet or R.F.D. No. City or Town County Stote
G PI the det det te De	The state of the s	A A
TENDING inned by the OR: After to auld be do not the State	22a Leertify that (I) (this haspital) attended he deceased from saw the deceased alive an saw the deceased alive an saw the deceased alive and that no causes stated abave (II) (we) did (did not view the bady after death.	my (gur) aninian death accurred anthe date and hour and from the
ATTENIC Stained CTOR: A shauld with the	causes stated abave (1) (we) (did) (did not view the bady after death.	mily (cor) aprillan dealin accorded dryline date and floor and floring
reta ECTC S showith	22h SIGNATURE	22c. DATE SIGNED
be r be r DIRE	on old T. Jun MDEGREE PHYS.	DING MED. STAFF PHYS. 33 Pay 68.
SPITA 4 may ERAL ar, pa d be f	NAME (Type) DONALD R. LEWIS, M.D. 7	00 CLOVERLY STREET, SILVER SPRING, MD.
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Health	230. BURIAL (REMATION, BEMOVAL (Specify) 5/ 27/68 23c. NAME OF CEMETERY OR CREMATORY Rockville Cemet	
===	24. FUNERAL DIRECTOR Tyson wheeler Funeral Home 1 Cock. Pike	
30M RE 168	Rockville, Md.	DATE

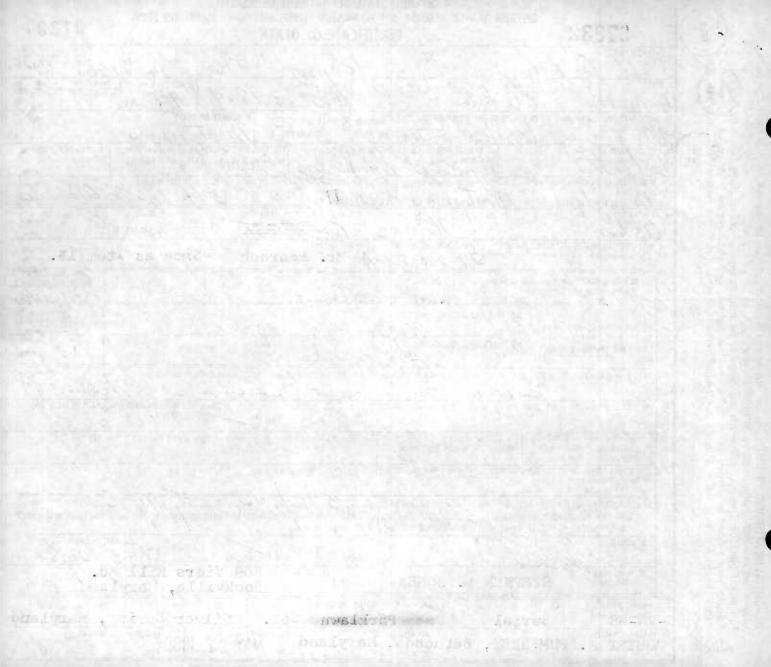
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17337 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME Lost certificate be executed within 24 hours after death. (Type ar print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH MONTHS HOURS tomale in by burial, cremation, or removol, and in any event, within 72 had 7o. BIRTHPLACE (State or fareign 9. COUNTY OF DEA CITIZEN OF WHAT COUNTRYS 8. MARRIED NEVER MARRIED DIVORCED [ WIDOWED [ 1197111a campletely filled 10. CITY OF JOHN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER YES 🔀 NO KACKOU 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First and Mayhugh Anne 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Ad dress Item 13. Same as Yes, no, ar unknown) (If yes give war ar dates of service) Mr. Pearson 268-521-APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anly one couse per line far (a), (b), ond (c).) BETWEEN ONSET AND DEAT requires that the death PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions, if any, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE O Page 4 may be retained by the hospital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) hos been os the prior to 90. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE PINDINGS CONSIDERED CAUSES OF DEATH? er this certificate hos e detoched for use o ote Dept. of Health pi NO IL YES [ 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Yeor (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. director, page 3 should be detoche stould be filed with the Stote Dept. 21d. INJURY OCCURRED City or Town County Stote While Nat while ot work ATTENDING O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) ottended the deceased from saw the deceased olive on 5 19 5 ond those causes stoted obave, (I) (we) (did) (did not) flow the bady offer death. Lond that in (my/(our) opinion death occurred on the date and hour and from the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DEGREE DIRECTOR 22d. PHYSICIAN 22e. ADDRESS 809 Viers Mill STEPHEN N. NAME (Type) JONES Rockville. Marv 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23o. BURIAL, CREMATION. (County) - 2540VA (Specify) Silver Spring, Maryland Burial Com Parklawn n Cem. PUMPHREY, Bethesda, Maryland 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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			MAKTLAND STATE DEPARTMENT OF HEALTH	
1		77	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
			CERTIFICATE OF DEATH	17339
deoth.	perol and 2 death.		CEASED-NAME Charles Middle Letter 20. DATE OF DEATH Month 5 Doy 2	Yeor 68 26. HOUR
s after	1 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3. SE	mone TURITE 4-20-88 Ign bythday) YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. ITHS GAYS HOURS MIN.
My hour	d in by	7o. E	IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY)  B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  WIDOWED DIVORCED DIVORCED	ery Mc
within	bon per within		Dethesda give street oddross) burban during most of working life, even it terired.)	2b. KIND OF BUSINESS OR INDUSTRY
cuted	remove corbon any event, with	13d. odmi	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13. CTY OR TOWN 13d MSIDE CITY LIMITS? 13e. STREET AND NUMBER 13sion) STATE 13b. COUNTY 100 78 20 11/bce	ry St.
be exe	n and conserved in any	14. F	ATHER'S NAMED First Middle Person Is. MOTHER'S MAIDEN NAME First Delhe Middle	millon
tificote	physicion c en please ovol, and ii		WAS DECEASED EVER IN U.S. ARMED FORCES? as, na, ar unknawn) (If yes give war or dates of service) 578-22-0399	mascus me
eath cer	em Th		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Aneurysm, abdominal aorta, ruptured	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  3 days
the de			DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove Artelosclesis, generalized, severe	
es thot	pnysician. signed by the oth buriol-tronsit perr burial, cremation,		rise to immediate couse (a), stoting the underlying cause last.	
requir	een signed the buriot-tr to burial, or	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
The law	as bas as prior	CERTIFICATION	19a. DATE OF OPERATION 19th CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO   20b. IF YES, WERE FINDINGS CONSIL	DERED IN CERTIFYING
CIAN:	a in a	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item   Or Contributing   Cause of Death   HOUR A.M. Manth Day Year   P.M.   19	1B.)
PHYSI	by me nospiror After this certifica be defached for Stote Dept. of He	MEI		ounty State
	o d b o		22a. I certify that (1) (this haspital) attended the deceased from, 1960, to May 21, 1960, saw the deceased alive on, 1960, and that in (my) (our) opinion deoth occurred an the date of causes stated above, (1) (we) (did) (did not) view the body ofter death.	, that (I) ( <del>we)</del> last ond hour ond from the
OR AT	g = Se			signed ay 21, 1560
TO HOSPITAL	O FUNERAL DIR director, page 3		NAME (1996) THOMAS L. HARTIMAN Washington, D. C.	W.
OH OL	O FUNER, director, should b	23a.	REMOVAL (Specify) 5-24-68 Parklawn Cemetery Rockville, Mar	County) (Stote)
	VR A15 (4) 30M REV, 1/68	24. R(	FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland 250. REC'D BY REGISTRAR 1968. REGISTRAR 1968.	NATURE JUNE J.

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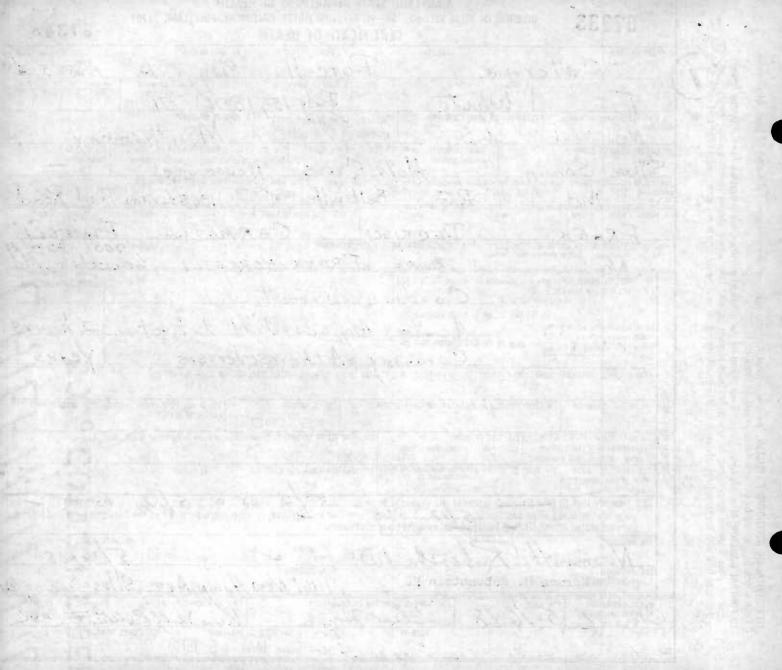
1/1/	8-	MARYLAND STATE DEPARTMENT OF HEALTH  OF DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07340
HEALTH DEPT.		DECEASED-NAME First Middle Lost Co. DATE KNOWN Month D	Doy Yeor 2b. HOUR
3 to 3 to Poge nt af	3. 5	NMIN FEIRULEIVICE DEATH MATED [1] GY!	( ) 1968 3 AM
y delay is and 3 to PM3. Poge artment af	7	Male White 6-13-87 BOYRS. MONTHS DAYS HOURS MIN MONTHY PE	Year 1968 3 7 M
- E de	7o. cour	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	=RV "
after deoth.  8. Give Poges along with Ne State leoth.	10. (	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12	2b. KIND OF BUSINESS OR
after deoth 8. Give Pog along with with the Sta	130	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN, 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	TDOS/K1
N = - 0'	0	dmission) STATEMANY and 13b. COUNTY P & Hyattsville YES X NO - 83/7-14 thanky	148
24 hours in Item 18 r's Office es 1 and 2 y	14. 1	FATHER'S NAME First Middle Polymers Malden NAME First Middle Anna	Not Keeseen
This certificate should be executed within 24 cate, writing the word "pending" in pencil in be forwarded to the Chief Medical Examiner's be used os a buriol-transit permit. File pages or removal, and in ony event within 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  (If yes give war or dates of service)  16b. SOCIAL SECURITY NO. 17, INFORMANT HAL Records ADDRESS 7600C91	moll Ave
red v " in cal Ex		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E. ansit permit. F event within	F.	IMMEDIATE (AUSE (0) Multiple Myeloma associated with	
per 'per 'ief /	1	(conditions, if ony, which gove ) Uremia and Congestive Heart Failure	
should be e ne word "per o the Chief I buriol-transit		rise to immediate cause (a), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
certificate should writing the word rrwarded to the Cl ssed os a buriol-tr noval, and in ony	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ertificate sh writing the warded to sed as bu loval, and ir	z	20.3x	
is certific te, writin forward te used os removal,	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
<b>編</b>	MEDICAL CERT	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	18.)
	ME	21d. INJURY OCCURRED  WHILE AT WORK  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21f. LOCATION Street or R.F.D. No.  City or Town	County Stote
ICAL EXA execute tor. Page ed for you CTOR: Page buriol, cre	R	220. 1 certify that Look charge of the remains described above, held on Autopsy , Inspection , Inquiry ,	ond in my opinion
olfeose explications explications of DIRECTO		deoth resulted from: Natural causes . Accident , Suicide , Homicide , Undetermined manner	
JTY SIC.  ry, pleose e erol director be retoined RAL DIRECT  prior to bu		ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE 22b. DATE SIGNATURE	GNED
o DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health prior to buriol, crem		EXAMINER'S NAME (Type) BELDEN READ NO. ADDRESS STREET, OF COUNTY) MAY	6,1968
the the Head	230		County) (Stote)
	24.	FUNERAL DREGOR 1 ADDRESS ADDRESS FOR RECID BY REGISTRAR 256. REGISTRAR SIG	CENTURE SNATURE
VR A15ME (5) 10M REV. 1/68		Jathur Kallers 254 Eurel DATE MAY 20 1968 John	les Judge

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MAKILAND STATE DEPAKIMENT OF HEALTH

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	1. DE		rst	Middle		Last		E OF DEATH		573	2b. HOUR
1	(1	una ar print)	RY	ELIZABET	rh H	POWELL		Month 5	<b>B</b> oy	68	2:20M
1	3. SE.	Female	4. RACE	White		S. DATE OF BIRTH	-24-93	6. AGE (In years last birthday)		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
	7a. B caun	IRTHPLACE (State or foreign try) Maryland		what country? ed States	8. MARRIED [ WIDOWED	NEVER MARRIED DIVORCED		of DEATH tgomery			Md.
1	10. C	Olney	11. gi	NAME OF HOSPITAL OR IN ve street address) ontgomery	istitution (if no General	at in haspital 12a.  Hospital	USUAL OCCUPAT ng mast af wark Housew	NON (Kind of work d king life, even if retire	lane ed.)	12b. KIND OF E	BUSINESS OR
	13a. admi	USUAL RESIDENCE (Where decossion) STATE Marylan	eased lived, if insti		13c. CITY OR	TOWN 13d. INSIDE	CITY LIMITS? 136	e. STREET AND NUMBER		11 Roa	d
	14. F	ATHER'S NAME First Alex	Middle ander	Millar		. MOTHER'S MAIDEN NA	rv	Midd		Iro	Last <b>ns</b>
	16a. Y	WAS DECEASED EVER IN U.S. A es, na, ar unknawn) (If yes gi	ARMED FORCES? ve war or dates of service)	212-01-8	NO. 82821 Ad	NFORMANT mission Re	ed., Mo	Addre	ss Iosp	,Olney	, Md
		18. CAUSE OF DEATH (Enter	anly ane cause per	mile ful (u), (b), unu (c)	1-1					APPROXIM BETWEEN ON	ATE INTERVAL SET AND DEATH
		PART I. DEATH WAS CAU	DIATE CAUSE (a)	PAS A CONSCOURNICE OF	van/a	Heme	oven	age		100	ays
		Canditians, if any, which gav rise ta immediate cause (a	(b)	R AS A CONSEQUENCE OF AV HOUSE R AS A CONSEQUENCE OF	0 5010	105/5-	Ceve	640		1	
		stating the underlying cause last. 3 3/×	) (c)_								
	-	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT N	OT DELATED TO	THE TERMINAL DISEASE	- D. COMPLETON	DIVICEL IN DARK NA A			
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X	RIFICATION	Anemia	Bonel	Ydevou WHICH OPERATION WAS PE	Jup,	2Da. AUTOPSY?	20	LO LE LILO  B. IF YES, WERE FINDIN  USES OF DEATH?			RTIFYING
X	DICAL CERTIFICATION	Ane Me Call  19a. DATE OF OPERATION  11a. ACCIDENT WAS UNDERL  OR CONTRIBUTING CAUSE OF I	Pb. CONDITION FOR YING 21b. TIME HOUR A.	MHICH OPERATION WAS PER OF INJURY M. Manth Day Year	ERFORMED 21c. HC	2Da. AUTOPSY?	20 CA	b. IF YES, WERE FINDIN USES OF DEATH?	NGS CON	ISIDERED IN CE	RTIFYING
X	MEDICAL	Arke Wald  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERL  OR CONTRIBUTING CAUSE OF I (If either, natify medical exa 21d. INJURY OCCURRED 2	YING 21b. TIME HOUR A.I miner)	MHICH OPERATION WAS PER OF INJURY M. Manth Day Year	ERFORMED 21c. HC	2Da. AUTOPSY? YES N OW INJURY OCCURRED	20 CA	b. IF YES, WERE FINDIN USES OF DEATH?	NGS CON	ISIDERED IN CE	RTIFYING
X	MEDICAL	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE OF CITY (If either, notify medical example)  21d. INJURY OCCURRED While Not while at wark 22a. I certify that (I) (say the deceased	YING 21b. TIME HOUR A.P. P.J. Te. PLACE OF INJUR	OF INJURY M. Manth Day Year M. 1 Y (AT HOME, FARM, STREET, FA	ERFORMED  21c. HC	2Do. AUTOPSY?  YES NOW INJURY OCCURRED  DOCATION Street or R.F.I	20 CA (Enter nature of	b. IF YES, WERE FINDIN USES OF DEATH? injury in Part 1 or Pa	NGS COM	em 18.)  Caunty	State
X	MEDICAL	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE OF CITY (If either, notify medical example)  21d. INJURY OCCURRED While Not while at wark 22a. I certify that (I) (say the deceased	YING 21b. TIME HOUR A.I P.I. 1a. PLACE OF INJUR  (this haspital) a alive an ive, (I) (we) (diversity of the second	WHICH OPERATION WAS PHOTO OF INJURY M. Manth Day Year M. 1 Y (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.  Intended the decease	ERFORMED  21c. HC	2Da. AUTOPSY?  YES NOW INJURY OCCURRED  OCATION Street or R.F.I.  Septon d that in (my) (aurdeath.	20 CA (Enter nature af  D. Na.  19 6 7, ta. 19 apinian dea	b. IF YES, WERE FINDIN USES OF DEATH? injury in Part 1 or Po City or Town th accurred an th	nGS CON irt 2, lte , 196 ie date	em 18.)  Caunty	State (I) (we) last nd fram the
<	MEDICAL	Price March 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19b. DATE OPERATION 19b.	YING 21b. TIME HOUR A.I P.I. 1a. PLACE OF INJUR  (this haspital) a alive an ive, (I) (we) (diversity of the second	WHICH OPERATION WAS PERMITTED IN THE MAIN OF INJURY M. Manth Day Year M. 1 Y (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.  Intended the decease  A S S S S S S S S S S S S S S S S S S	21c. HC  19  ACTORY.) 21f. LO  sed from hady after co	2Do. AUTOPSY?  YES NOW INJURY OCCURRED  OCATION Street or R.F.I  d that in (my) (aur) death.  EE ATTENDING PHYS.  22e. ADDRESS	20 CA (Enter nature of D. No.  19 7, ta. 19 17, ta. 19 18 18 18 18 18 18 18 18 18 18 18 18 18	b. IF YES, WERE FINDIN USES OF DEATH? injury in Part 1 or Po City or Town th accurred an th	ngs con irt 2, lte , 196 ie date 22c. DA	Caunty  Cand haur o	State (I) (we) last nd fram the

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	6-18-	20-55g L	VISION OF	VITAL RECORDS,	301 W. PRE	TON STREET. B	OF HEALIH ALTIMORE, MAR	YLAND 21	201		
R STATE	1cem2	a, rilmG4	01 6/3/	MEDICAL EX	AMINER'S	CERTIFICAT	E OF DEAT	H (	3340	7345	>
DEPTY	1. DECEASED (Type ar	Print) F	First	Oma		lost uzinaus ka		DEATH	KNOWN XXX Month ESTI- MATED May	Day Yeor 2b. H 25 19 68	loui
	3. SEX	4. RACE		9#13-25	6. AGE (In y	YRS. MONTHS DATE	'S HOURS MIT	Manth	PRONOUNCED DEAD	Year 19	
the State Depart	cauntry)	ACE (State or foreignical)	7b. CITIZ	ZEN OF WHAT COUNTE			DIVORCED	OUNTY OF DE			٨
71		MA PARK				SAN HOST	ital 12a. USUAL during mos	SEVILLE R	(Kind af wark dane fie, even if retired.)	12b. KIND OF BUSINESS ( INDUSTRY	)R
ofter death.	13o. USUAL odmission	RESIDENCE (Where	deceosed lived 13b.	d, if institution: Resi COUNTY MONT	dence before 13c.		13d. INSIDE CITY LIMITS? YES NO	416	WILLINGTO	ON	
1	14. FATHER'S	BOV.	LAS KE	RZA Middle	Lost	1s. MOTHER'S	MAIDEN NAME SO	AIH	Middle	Butavicius	
		EASED EVER IN U.S. or unknown)	ARMED FORCES? (If yes give war ar date	es of service)	al security no.	17. INFORMANT	ну	B.MD	ADDRESS 13 a, b	, c, d above	
	18. 0	PART I. DEATH WAS	S CAUSED BY: IMMEDIATE CAUS	- (0)	tiple tr	aumatic i	njuries w	ith sh	ock	APPROXIMATE INTERVA BETWEEN ONSET AND OF	L L
event within		tians, if any, which immediate cous	gave )	1-1-	comobile	accident					
remaval, and in any ever	<u>last.</u>	g the <u>underlying</u>	(0036)	UE TO, OR AS A CON							
	Y.	16.4		ONTRIBUTING TO DE			L DISEASE OR CONDI	TION GIVEN IN	PART 1(a)		
1	Tag. D	ATE OF OPERATION			PERFORMED?	OPERATION				20. AUTOPSY?  YES NO	
	₹ PRIMA	(TERNAL CAUSE WA RY 🔀 OR CONTRIB OF DEATH	UTING 🗌	b. TIME OF INJURY Ma HOUR A.M. / 2	5251968	21c. HOW INJURY	OCCURRED (Enter no	ture of injury	in Part, 1 or, Part 2,	030 1	t
5	210. 11	JURY OCCURRED  NOT WHILE  AT WORK		F INJURY (At home, fice building, etc.)	arm, street,	21f. LOCATION Str	20	City of	or Town	County Ste	ote
5	d	22a. I certify	that I taak ch	arge of the remai	ns described a	bove, held an A	utapsy 🔀	Inspection			niai
.15	ACTU	AL /	20	1 0	The see	X47,114	CHIEF MEDICAL EXAM	INER		E SIGNED	
2	EXAM	ATURE MINER'S E (Type)			0	- 111.0.	ASSISTANT MEDICAL EXA DEPUTY MEDICAL EXA ADDRESS(Street, city,	MINER -	5	25-60	-
	23a. BURIA	L, CREMATION,	23b. DATE 5/28/			TERY OR CREMATORY	2	3d. LOCATION	(City or Town)	(County) (State)	
M	24. FUNERA			-	740 MODRESSO	orgia Ave	2Sa. REC'D BY	REGISTRAR	968 REGISTRAC	SIGNATURE Judge	

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1	It.	ems 18&22a Film 400 MARYLAND STATE DEPARTMENT OF HEALTH 16-68 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07346
HEALTH DEPT.		ECEASED-NAME 20. DATE KNOWN Month	Doy Yeor 2b. HOUR
elay is Poge	- (	Type or Print) Campbell (NMN) Ramsay DEATH MATED \$ 5-	6 1968 2 PM
delay and 3 Po	3. 5	lost birthday) MONTHS DAYS HOURS MIN No. 14	Year 2d. HOUR
P S and de	1	Viale White 7-3-21 46 yrs. 5-6	Year 1968 4 30
farm farm te Da	our	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  VITY) D C VITY OF DEATH  WIDOWED D DIVORCED D VICE COUNTY OF DEATH	.,
th fa	10. 0	D. D. T.	26. KIND OF BUSINESS OR
hours after death. Item 18. Give Pages Office alang with far land 2 with the State after death.	7	akoma Park Wash, San, & Hespital Burner Mechanic	NOUSTRY .
s after 18. Giv alang with the		USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
rrs af 18. 18. 12 wi r deo		dmission) STATE Maryland B. COUNTY ontgomery Silver Spring YES NO 1 807 Dryd	en Street
hours Item 1 Office 1 and 2	14. F	ATHER'S NAME FIRST Middle tost IS. MOTHER'S MAIDEN NAME First Middle	() Last
4 6 8 8	160.		derson
		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, qu, pr unknawn)  (if yes give war or deltes of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT Raymay 807 Druggers St. 17. INFORMANT Raymay 807 Druggers St. 18. Information Raymay 807 Druggers St. 18	o Jane
ed with personal Example 1		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E ansit permit. F event within		PART I. DEATH WAS CAUSED BY: Acute coronary insufficiency;	DETWEEN GIGET AND DEATH
exe endi f Me it pe ent		4129 DUE TO, OR AS A CONSEQUENCE OF	
d be d 'pe Chief rransif		Conditions, if any, which gave rise to immediate cause (a).  (b) Severe arteriosclerotic heart disease	
al al		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ate showing the vertical and in		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	z	4201	
is certificate, writing farward a larward a larward, le used a larward, le maval,	CERTIFICATION	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20. AUTOPSY?
ate e Price re	ERTIFI		YES NO
# 7 =		PRIMARY OR CONTRIBUTING HOUR A.M.	n 18.}
INER e cer shau files. 3 sha natiar	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street ar R.F.D. Na. City ar Town	County State
EXAMINER: ute the certing age 4 shauld your files. Page 3 shau 1, crematian,		WHILE AT WORK AT WORK factory, office building, etc.)	
7 0 - 4		22a. I certify that I taak charge of the remains described above, hold an Autapsy X, Inspection X, Inquiry X,	and in my apinian
JICAL E		death resulted from: Natural causes 🖾 , Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined manner [	
please e l director retained		ACTUAL CHIEF MEDICAL EXAMINER COST DATES	
ITY, peral be r RAL price		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE ST	GNED
o DEPUTY COLOR  necessary, please ethe funeral directar  5 may be retained  o FUNERAL DIRECT  Health priar to bu		EXAMINER'S NAME (Type) BELL ALL EXAMINER OF COUNTY) OF COUNTY)	,1968
the F Hec	23a	BURIAL CREMATION, 23b. DATE 23c. NAME OF CENTEEN OR CREMATORY 23d. LOCATION (City or Town)	(State)
PX	-	REMOVAL (Specify) May 10, 1968 Cedar Hill Cemetery Suitland, Maryle	and.
VR A15ME (5)	24.	Churchen Courter Collen Center 8434 Georgia Ave. 25d. RECID BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE Queste
10M REV. 1/68		Warner E. Pumphrey Inc. Silver Soring Md DATE MAY 10 1968 forces	1

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1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	07342 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17347
HEALTH DEPT.	1. DECEASED NAME First Middle Last 2a. DATE KNOWN Month D	oy Yeor 2b. HOUR
lay is Page	(Type or Print) Vytautes R. Raulinaitis DEATH MATED May	25 1968 M
delay is od 3 ta (3 Page	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years if under 1 YEAR if under 24 Hrs. 2c. DATE PRONOUNCED DEAD	2d. HOUR
P S E	M Apr 3.1918 50 YRS. HOURS MIN. Month 5 Day 25	Year 19 68 M
6 po 6 2 pc	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
CER	COUNTRY Lithuania U.S. WIDOWED DIVORCED Montgomery	Mc
# 8 # 1 # 1	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12g.	b. KIND OF BUSINESS OR
after death 8. Give Page along with with the State	Rural, Sil. Spring give street address Suburban Hosp. during most of warking life, even if retired.) IN	DUSTRY
alang virility of with the death.	13g. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 7 86	I Idlewood RI
	odmission) STATE Ohio Cuyahoga E. Cleaveland YES X NO [	
hours Item 1 Office 1 and 2	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
24   24   in   in   in   is   is   is   is   is		erulyte
within 24 hours after pencil in Item 18. Giv xaminer's Office alongile pages 1 and 2 with 72 hours after death.	166. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes give war or dates of service)  Unknown  Aldona Raulinaitis  F. Cle	Idlewood R
Exam Exam File p	(Yes, no, or unknown) (If yes give war or dates of service) Unknown Aldona Raulinaitis E.Cle	veland,Ohi
	18. CAUSE OF DEATH (Enter anly one couse per line far (o), (b), ond (c).)  PART 1. DEATH WAS CAUSED BY:  This is a constant.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ecut ing ing dice	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Injuries, multiple, severe	Instantaneou
"pend" "pend nief Me ansit per event	DUE TO, OR AS A CONSEQUENCE OF	
l be d "p Chie rans	Conditions, if only, which gove (b) automobile accident	
shauld be executed ne word "pending" in a the Chief Medical burial-transit permit.	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
she whe was the	(c)	
This certificate shauld be executed within 24 icate, writing the word "pending" in pencil in be farwarded to the Chief Medical Examiner's libe used as a burial-transit permit. File pages ar remaval, and in any event within 72 haurs	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
is certific te, writin farward farward e used a remaval,	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his certii ate, writ e farwar be used remava	WAS PERFORMED?	YES TO NO
Thi se be	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21o. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Doy, Yeor  21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	
srtiff ould author	PRIMARY OR CONTRIBUTING 12:05 12:05 Car hit in side by another car	10.7
INER: The certification of the		County State
	21d. INJURY OCCURRED WHILE AT WORK AT	
ICAL EXAMINER: execute the certifor. Page 4 should set for your files. CTOR: Page 3 shou burial, crematian,	22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inspec	
ICAL Record tor. Poed for CTOR:	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	, ,
please e I director retained	CHIEF MEDICAL EXAMINER	
ry, ple eral di be rett RAL Di priar	ACTUAL SIGNATURE	SNED
orry, orry, be be pr	DEPUTY MEDICAL EXAMINER	25 68
necessary, please execute the funeral director. Page 4 5 may be retained for your to Funeral Directors. Page Health priar to burial, cren		pring, Md.
the He	230. BURIAL CREMATION.   23b. DATE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City or Town) (C	ounty) (State)
	Burial May 29,1968 All Souls Chardon,	Ohio
	REGISTRAR'S SIGNAL AVESO. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAL AVESO. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAL AVESO. REC'D BY REGISTRAR SIGNAL AVESO. REC'D BY REGISTRAR'S SIGNAL AVESO. REC'D BY REGISTRAR SIGNAL AVES	
VR A15ME (5)	Bethesda, Md. 20014 DATE JUN 4 1968 your	las juage

MAKYLAND STATE DEPARTMENT OF HEALTH

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- 1		MARTLAND STATE DEPARTMENT OF HEALTH	
		07343 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	
1		CEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HO ype ar print) Month Day Year	UR
		TEELE (EACING) MAY 23 68 69	7
3	3. SE)	4. RACE  5. DATE OF BIRTH  6. AGE (III) years   IF UNCER 1 YEAR   IF UNCER 24	HRS.
		17112 WITTE 12 19 19 185	min
	7a. Bi caunt	IRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	
		WIDOWED DIVORCED NONTGOMERY	M
0		11. NAME OF HOSPITAL OR INSTITUTION (If hat in haspital during mast af warking life, even if retired.)  12. USUAL OCCUPATION (Kind of work dane during mast af warking life, even if retired.)  12. USUAL OCCUPATION (Kind of work dane during mast af warking life, even if retired.)	R
70	i3a. l admis	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN STATE 13b. COUNTY WAShington D.C 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 3368 Stylves Anth	2
2 1		ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last	
	6	WILLIAM T. READING ELIZABETH VENABLE	
		WAS DECEASED EVER IN U.S. ARMED FORCES? es_na, or unknawn) (If yes give war or dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT  Address	
F	_	UNK RELOADS	
Э		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	TH_
		IMMEDIATE CAUSE (a) Cerchiologiculas a ccident 5 whs:	
		Canditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave)	1
		rise to immediate cause (a), (b)	F
		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last.	-
	- 1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	-
		3 3 1 V	
		19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	_
	CERTIFICATION	YES NO CAUSES OF DEATH?	
		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year  (If either, natify medical examiner) P.M. 19	
1		21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, ) 21f LOCATION Street of R.F.D. No. (ity of Town County State	e
1	(	at wark at work	
		22a. I certify that (1) (this haspital) attended the deceased from 19.50, to May 25, 1967, that (1) (see	lo
		saw the deceased olive an 1967, and that in (my) (***) opinion death occurred an the date and hour and from causes stated above, (1) (***) (did not) view the body ofter death.	th
	f	226 SIGNATURE 22. DATE SIGNED	_
		Delical foliation Degree Phys. Director	
ŀ		22d. PHYSICIAN'S - 4 CACAGAGAGAGAGAGAGAGAGAGAGAGAGAGAGAGAGAG	7
		MANUTED STEWART CLASS TAR 4140 Checychase Dr. MA	
2	23a.	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	
-	1-	3 26 60 / REPIVIL POIC / PICHNETOIL / 169.	
1	24+1	FUNERAL DIRECTORS SULPAN'S SON SADDRESS  250. REGISTRAR 1968. REGISTRARS SIGNATURE CONTROLLED TO SON SADDRESS  250. RECTOR BY REGISTRAR 1968. REGISTRARS SIGNATURE CONTROLLED TO SON SADDRESS	
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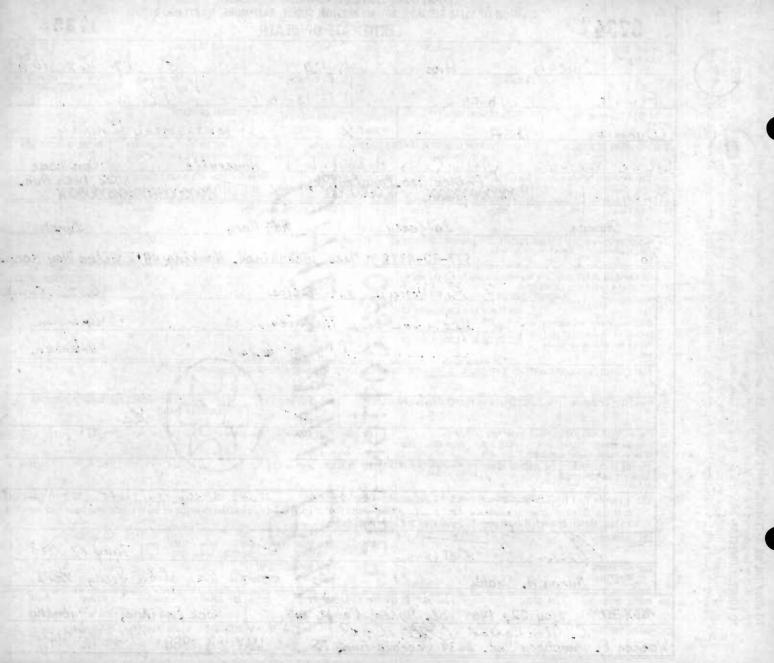
, 1	5-1	4m682a film 401 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2)201,	
FOR STATE	It	em 22a Film 402 7-MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17344	07349
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWNE Month Do	y Yeor 2b. HOUR
of ge to	1	(Type or Print) Bruce Walter Reese DEATH MATED 5 1	
iny delay is 2, and 3 to PM3. Page repartment of	3.19	NATE OF BIRTH Male  4. RACE White  S. DATE OF BIRTH MONTHS  OF DAYS  ON DAYS  MONTHS  AND MONTHS  MONT	Year 1968 2d. HOUR 3P M
Depa	7o.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	Tel establish
	10.	DI.S.A. WIDOWED DIVORCED Montgomery  CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b)	Md
Give ragging on with the Sta	Gr	eat Falls)Potomac   give street oddress) Great Falls   during most working life, even if retired.)   INC	b. KIND OF BUSINESS OR DUSTRY
al S.	130.	. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Montgomery Silver Springs No 9406 Biltmore	MA. Drive
hours Item 18 Office of Iand 2 v	14. 1	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
4 C N IN N	_	Walter W. Reese Elsie May	Evans
d be executed within 24 d be executed within 24 d "pending" in pencil in Chief Medicol Examiner's transit permit. File pages y event within 72 hours	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) (If yes give war or dates of service) yes  (If yes give war or dates of service) yes  Walter W. Reese 9406 Biltmore Dr	. S.S. Md.
ed ved ved ved ved ved ved ved ved ved v		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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d be d be Chief		rise to immediate cause (a), (b)	
woulthe the n on on		stoting the underlying couse   DUE TO, OR AS A CONSEQUENCE OF   (c)	
cote g the ed t	-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
is certificate, writing forward to used one used one removal.	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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Pog or y R. P.			and in my apinion
Se executor. Pound for ECTOR: buriol,		death resulted from: Natural couses , Accidentiff, Suicide , Homicide , Undetermined monner	
TY BIC.		ACTUAL Of Ball CHIEF MEDICAL EXAMINER ( 22h DATE SIG	
ry, Feral be r RAL price	18	SIGNATURE	_
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		DEMOVAL (C)( )	Danie
	1 7.	CONTRAL DIRECTOR 1250 RECID BY REGISTRAR 1250 REGIS	
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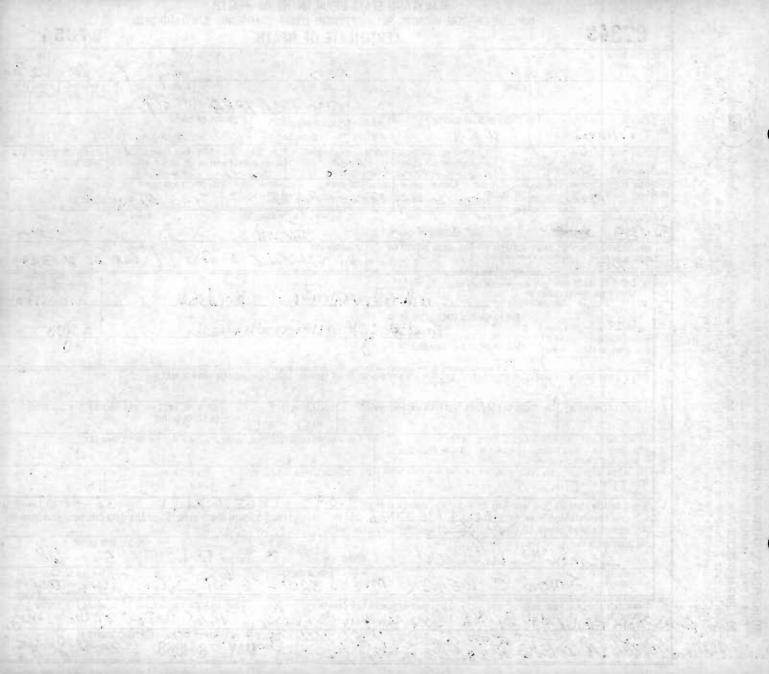
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	1			D STATE DEPARTMENT OF		
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or ottending physician.  JIRECTOR: After this certificate has been signed by the ottending physician and completely et a should be detached for use as the buriol-transit permit. Then please remove corron ped with the State Dept. of Health prior to buriol, cremotian, or removal, and in any event, within	S	LUEC Spring	11. NAME OF HOSPITAL OR INS give street address) HOLU ROSS	Hospitah during	most af warking life, even if retired.)	INDUSTRY home
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	icate brisicion (please I, ond ii	160	(es, na, ar unknawn) (If yes give w	IED FORCES? 16b. SOCIAL SECUR	TYNO. 17. INFORMANT  M.R. CLARE	ENCE S. Ro.	Address	00 #	170)
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	by the After the be de Stote	m	22a. I certify that (1) (thi	s haspital) attended the dece	ased from 9-29	_, 19_65_, ta_1	191	ob, that	(I) (we) lo
	OR ATTENDIN be retained by NRECTOR: Afte e 3 shauld be ed with the Sto	H	causes stated abave	ive an (I) (Me) (did) (hid not) view t	_196 &, and that in (my) (	aur) apinian aeain	accurred an the da	re and nour	and from f
	short short		22b. SIGNATURE		•	. AAFD		ATE SIGNED	, ~
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 moy be retoined by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be defoched for use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, cre	MEDICAL	While Not while of work  22a. I certify that (I) (this saw the deceased all	P.M. PLACE OF INJURY (AT HOME, FARM, STREET, FA  is haspital) attempted the deceas live an  i, (i) (we) (did) sold nat) view the	ed from H , 1962, and that in (my) (aur) bady after death.  DEGREE ATTENDING PHYS.	965, ta 5/8, 19 apinian death accurred an the do	DATE SIGNED		
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5 5 5 jg /2		1 0		Olivet Cemetery	Washington, D.	3.		
VR A15 (4) 30M REV. 1/68		FUNERAL DIRECTOR Lers		M	TO BY REGISTRAR 25b. REGISTRAR'S	Judge Judge		
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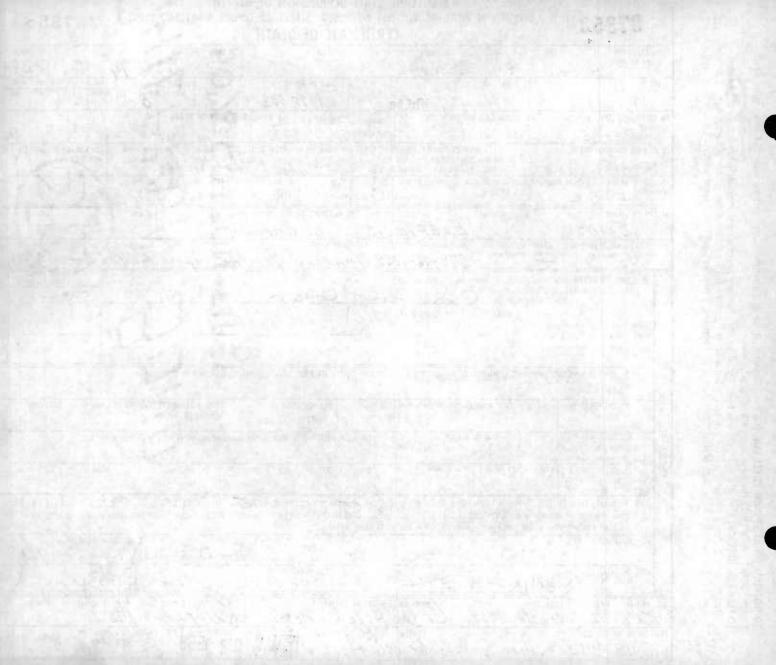
MARYLAND STATE DEPARTMENT OF HEALTH

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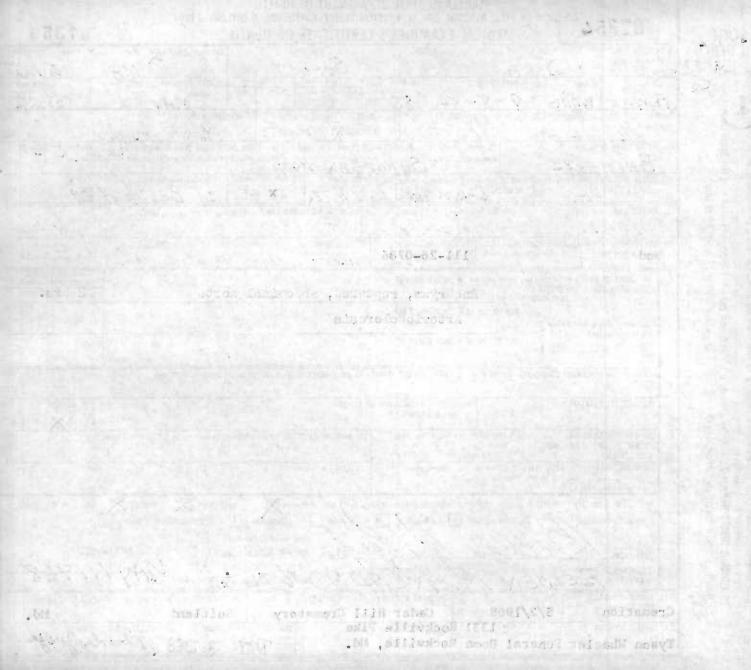
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17357 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2g. DATE OF DEATH 2b. HOUR death. (Type or print) Manth MOSTAFA NMI Sarem after 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years MONTHS DAYS 12/25/792 1895 White Male haurs 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH countryTran Iran WIDOWED | DIVORCED [ Mortgomery 24 please remove carban paper and campletely filled and in any event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind at wark dane 12b. KIND OF BUSINESS OR INDUSTRY Persiar 10. CITY OR TOWN OF DEATH The law requires that the death certificate be executed within give street address) during most of working life, even if retired.)

Army General Silver Spring Md. Holy Cross Hespital
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN Armed Forces 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? Montgomery odmission) STATE nd 318 Ladson Rd. SSMd. Sil.Sprg. YES 🔀 NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle Last Goodarzi Majid Sarem Zahra physician 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) son Rarvis Sarem 417 Dennis Ave. SSMd. burial, crematian, ar remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Hear IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Canditians, if any, which gave signed by the burial-transit p rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priar to I 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? NO [ YES [ 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY. ) 21f. LOCATION Street at R.F.D. Na. OFFICE BUILDING, ETC. State City or Town Caunty While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an.... \_1965, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION REMOVAL (Specify) National Memorial Pk Falls Church, Virginia 0 24. FUNERAL DIRECTOR **ADDRESS** 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE The S.H. Hines Washington, VR A15 (4) 30M REV. 1/68 DATE leaners

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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	97359
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d 3 y	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours if UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Months DAYS HOURS MIN. Months DAYS	2d. HOUR
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fter Giv ong ifh ti	13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, IASIDE CITY LIMITS? 13e, STREET AND NUMBER	/
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te, writiforwar forwar e used	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item	20. AUTOPSY?
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ICAL EXAMINER: execute the cert or. Page 4 should far your files. CTOR: Page 3 shou	WHILE NOT WHILE factory, affice building, etc.)	
ICAL EXA  Execute for. Page ed far you CTOR: Pog burial, cre	22a. I certify that I taak charge of the remains described above, held an Autapsy 📈 Inspection 😿 Inquiry 🔀	and in my apinian
olease explication director. Established DIRECTOR to burn to b	death resulted from? Natural causes 🔲 , Accident 🔲 , Soicide 🔲 , Hamicide 🔲 , Undetermined manner 🗌	]
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TO DEPUTY SICAL Enecessary, please exect the funeral director. Page 5 may be retoined far TO FUNERAL DIRECTOR:	NAME (Type) SELOGN / LEAD M. DADDROSOTATION (OUNTY)	1768
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680	Cremation 5/2/1968 Cedar Hill Crematory Suitland  24. FUNERAL DIRECTOR 1331 Rockwinkte Pike 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	Md.
VR A15ME (5)	Tyson Wheeler Funeral Home Rockville, Md. DATE MAY 3 1968 Julian	



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FOR STATE	I	tem2a, Film#Ghol 6/MeDIGAL EXAMINER'S CERTIFICATE OF DEATH	07360
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4		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING   21b. TIME OF INJURY Manth, Day Year   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 the	m 18.)
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o DEPUTY CICAL EXPENDED TO THE funeral director. Page 5 may be retained for y Devental DIRECTOR: Pegith prior to burial,		EXAMINERS  NAME (Type)  JOHN S. ROGERS  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, dty, town, or county)  Silver	Spring, Md.
So Stee	23a	BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
		Burial 5-28-68 Rockville Cemetery Rockville, Mar	
	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE
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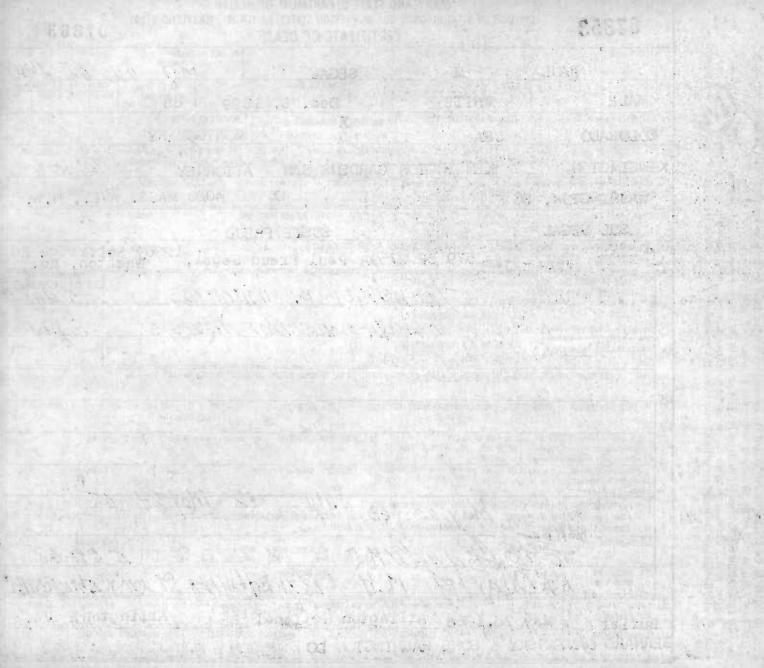
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e the e 4 sh aur fil age 3 sur cremat	MEI	21d. INJURY OCC	URRED		CE OF INJURY ( y, affice building		n, street,	21f.	LOCATION	Street a	r R.F.D. No.		City a	r Town		Caunt	1	State
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0 + 2 O +		REMOVAL (Speci	ify)	23b. DA	14-68		NAME OF COMMI			T H			uth E					ote)
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MARYLAND STATE DEPARTMENT OF HEALTH

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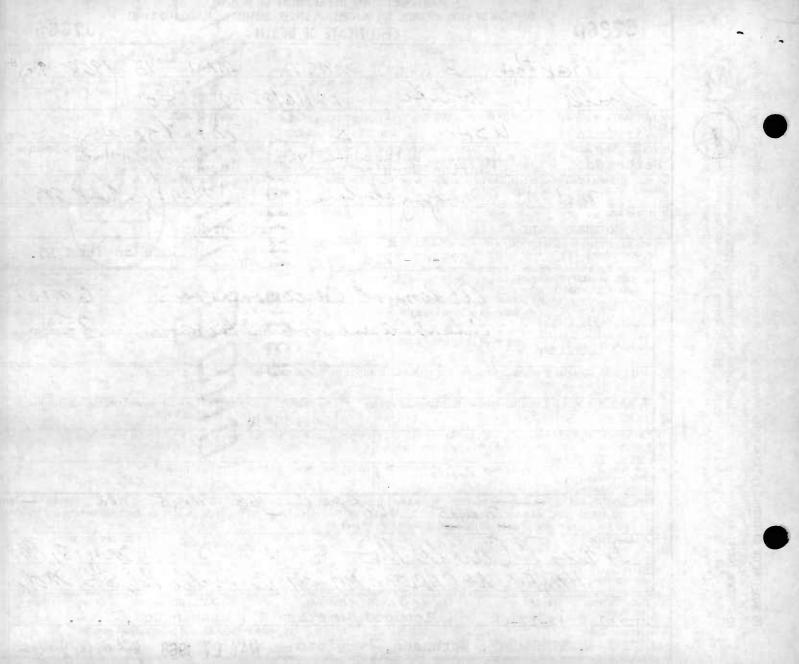


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07364 CERTIFICATE OF DEATH DECEASED-NAME Middle Last First 2a. DATE OF DEATH 2b. HOUR (Type or print) Month CHARLES SELIMAN IF UNDER 1 YEAR IF UNDER 24 HRS. **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours afte<u>r.</u> 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years DAYS HOURS last birthday) MONTHS I 7/21/97 Male White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED THE NEVER MARRIED country) WIDOWED [ DIVORCED Montgomery

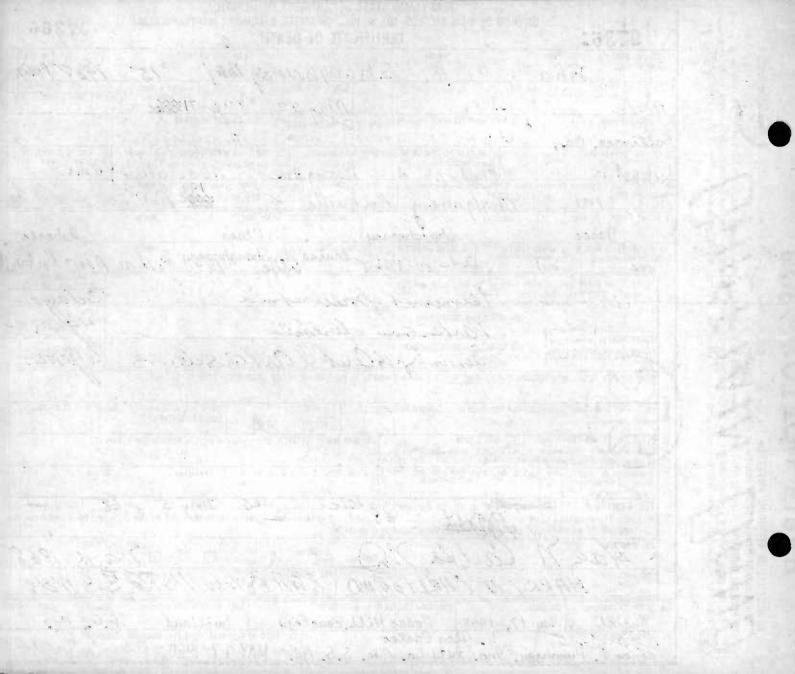
12a. USUAL OCCUPATION (Kind of wark dane ILS.A filled 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY carbon event, with Montgomery General Hospt Veteran Olney 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER
362 Church Lane 13d. INSIDE CITY LIMITS? 13b. COUNTY Howard odmission) STATE NO C Ellicott City Maryland or removal, and in ony Middle 14. FATHER'S NAME First Middle 1ast 15. MOTHER'S MAIDEN NAME First Stooling Stallings Charles Sellman physicion on the please Agnes Mae 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na. ar unknawn) (If yes give war ar dates of service) Medical Records Dept. of Montg. General Hosp, none Olney, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) buriol, cremotion, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to b TO FUNERAL DIRECTOR: After this certificate hos been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 9a. DATE OF OPERATION CAUSES OF DEATH? YES NO be detached for use State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Your (If either, notify medical examiner) P.M. ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while at work of work 22a. I certify that (1) (this hospital) attended the deceased fram 19/25, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive an\_ retained couses stated above, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. ATTENDING DEGREE director, page should be filed DIRECTOR 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Baltimore. Maryland Loudon Park Cemetery May 8. 1968 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) G. Truman Schwab, 3512 Frederick Ave Baltimore, 30M REV. 1/68

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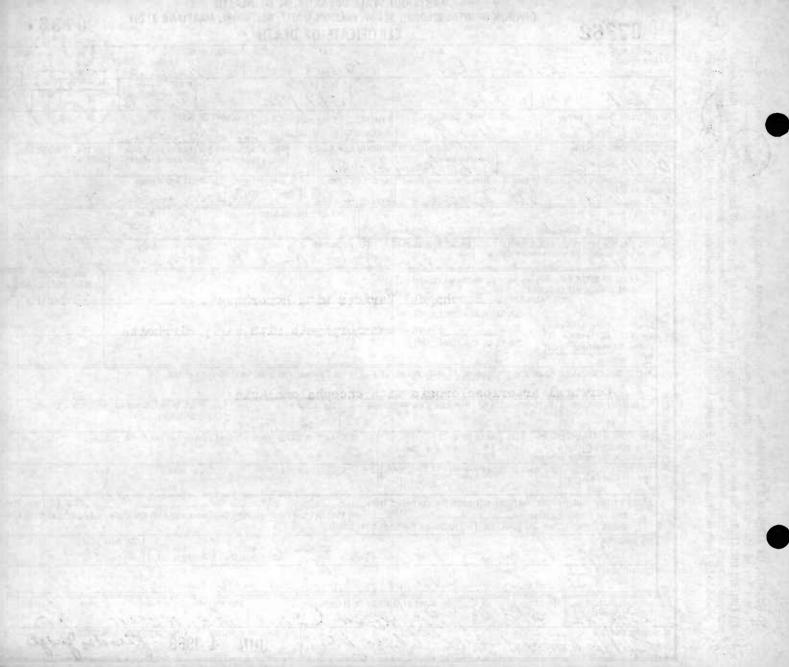
		MARTLAND STATE DEPARTMENT OF REALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	07365
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JING PHYSICIA by the haspital ffer this certifications be detached fa State Dept. of H	2	21d. INJURY OCCURRED While Nat while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City ar Town	County State
the dest		lot work of work	
by there start		22a. I certify that (I) (this hospital) attended the deceased from April , 1966, ta May 15 , 196 saw the deceased alive an 2015 196 and that in (my) (our) apinion death accorded an the date	, that (I) (we) last
Ped Ped		saw the deceased alive an	and havr and tram the
OR ATTENC be retained DIRECTOR: A or 3 should ele 3 should ele with the b			TE SIGNED
Miles		ATTENDING MED. STAFF	1. 15. A/D
OR be r DIRE			2013/100
AAL AAL be be fi		22d. PHYSICIAN'S NAME (Type) HARRY I AL CARI TOOL MO 22e. ADDRESS COPENIADO ON S	IC m
Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached for use as the shauld be filed with the State Dept. of Health priar to	L	11119 10. CINCION, MICE SOIL CONNECT 14, 5	2,000
O HOS Page 4 O FUN shaul	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
07 0 D		Burnal 5-17-68 Glenwood Cemetery Washington, I	
VR A15 (4)		FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	
30M REV. 1/68	F	ROBERT A. PUMPHREY, Bethesda, Maryland DATE MAY 17 1968 John	when Judge



MAKYLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07366 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR 1 ord 2 after death (Type or print) aphr Va ve corbon papers. Pages 1 event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR MONTHS OAYS HOURS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED DIVORCED [ timore WIDOWED filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION Kind of work don 12b. KIND OF BUSINESS OR the death certificate be executed within give street address) INDUSTRY VI during most of working life, even if retired.) completely 13g. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREED AND NUMBER ROC YES C NO burial, cremotion, or removal, and in any 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Middle puo James Shauahnessu lara Robert physicion on please 17. INFORMANT 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Course W. Shauahnessy Yes, no. or unknown) (If yes give war or dates of service) ww ottending permit. The 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS CONSEQUENCE OF Canditions, if ony, which gave ; burial-tronsit rise to immediate cause (o), py DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed b PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the 3hould be filed with the Stote Dept. of Heolth prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, notify medical exominer) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 1010 saw the deceased alive an 1968, and that in 1966, 10 may 15 be retained by \_196 8, and that in (my) (ex) opinian death occurred an the date and haur and fram the causes stated above, (I) Hodia and view the bady after death. 22b, STONATURE 22c. DATE SIGNED ATTENDING DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (Stote) Cedar Hill cemetery 1968 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 30M REV 1/68 Inc. 8434 Ga. Ave. S.S. MIDATE umphreu.



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First Lost 2o. DATE OF DEATH 2b. HOUR and 2 death. haurs after death. funeral and (Type or print) Manth omasita 6. AGE (In years IF UNDER 1 YEAR 4. RACE S. DATE OF BIRTH last birthday) White YRS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED country) WIDOWED IV DIVORCED [ MontsomERL 120. USUAL OCCUPATION (Kind of work done burial, crematian, ar remaval, and in any event, within 10 CATY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR E. during most of working life, even if refired.) give-street oddress) **INDUSTRY** remave carban campletely 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY YES NO AKAMER 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle last requires that the death certificate be 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) Yes, no. or unknown) 578 62.4993 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN CINSET AND DEATH IMMEDIATE CAUSE (6) Esophageal Varices with hemorphage 13 hours DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if ony, which gove ) Fatty metamorphysis with early cirrhosis rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been be detached far use as the State Dept. af Health priar ta Cerebral arteriosclerosis with encephalomalacia 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES A NO T TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) 21b. TIME OF INJURY ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STRET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while of wark 22a. I certify that (1) (this haspital) attended the deceased framand that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an\_\_\_\_\_ director, page 3 shauld shauld be filed with the causes stated abave (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS. DIRECTOR PHYS. 22d. PHÝSKÍAN'S NAME (Type) 22e. ADDRESS ONNOR. 23o. BURIAL CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Town) 23b. DATE (County) (State) 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 [4] 30M REV, 1/68

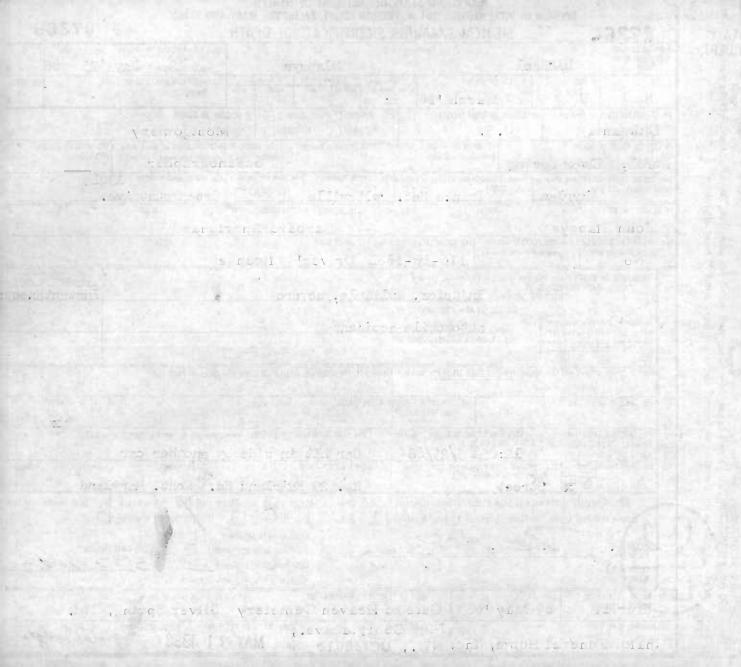


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07368 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2g. DATE KNOWN Month 2b. HOUR (Type or Print) OF ESTI-DEATH MATED 2, and 3 to PM3. Poge rwer-0 4. RACE AGE (In years pages I and 2 with the State Department S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUS W. 76 YRS 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) Virginia in pencil in Item 18. Give Poges 1, Chief Medical Examiner's Office olong with form 7154 WIDOWED [ DIVORCED W MONTGOME 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done INDUSTRY tail give71900ddreconn. Av.. during not of working life evan if retired.) 13e. STREET AND NUMBER Columbia Copatry 13a. USUAL RESIDENCE (Where deceased liyed, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? deoth. Mary lands. COUNTY Moritgomery Chery Chase 7900 Conn. AVe ofter 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME William P. Skinker Alice Garrett 24 hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS within Yes no, or unknown) WW1 give war or a tes service) Ben Skinker 4444 Conn Av., NW Wash. D.C. File within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary insufficiency IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Coronary arteriosclerosis burial-transit Canditians, if any, which gave rise to immediate cause (a), should ONV writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 0 removal, 19a. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES X NO F 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Month, Day, Year 3 should HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy XI, Inspection 💢 Inquiry X, ond in my opinion death resulted fram: Natural couses 🔼 Accident 🗌 Suicide 🗍 Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER G. BALL MoV **EXAMINER'S** Heolth NAME (Type) ADDRESS(Street, city, tawn, or county) 50 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Cremation Suitland. Maryland 5/9/68 Cedar Hill 24. FUNERAL DIRECTOR D.C. 2So. REC'D BY REGISTRAR Jos. Gawler's Sons 5130 Wisconsin Av., Wash. DATE MAY VR A15ME (5)

MAKTLAND STATE DEPAKTMENT OF HEALTH

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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07369 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Manth Year 2b. HOUR (Type or Print) OF ESTI-DEATH MATED Michael 1968 Slapsys May 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR Year M W 29 March 116 52 YRS 7o. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Tithuania U.S. WIDOWED [ DIVORCED [ Montgomery d within 24 haurs after death in pencil in Item 18. Give Page 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.)
OCEANOG Tapher the Chief Medical Examiner's Office alang wij INDUSTRY pages I and 2 with the Rural, Silver Spring 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER after death. 13014 odmission) STATE Maryland 13b. (OUNTY Prince Geo. Beltsville YES 🔽 NO 🗌 Greenmount Ave. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME John Slapsys Barbara Andriunas haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, na, ar unknown) (If yes give war or dates of service) 116-26-1582 Driver's license within shauld be executed APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Injuries, multiple, severe Instantaneous DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave (b) automobile accident rise ta immediate cause (a), writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 12:05 5/25/6819 Car hit in side by another car CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County foctory, office building, etc.)
Street may be retained far yaur FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK Rt. 29 Fairland Rd. Mont. Maryland 22a. I certify that I took charge of the remains described above, held on Autopsy Inquiry , Inspection X and in my opinian death resulted from: Natural causes . Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 5 may TO FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REPOYAL (Spacify) Gate of Heaven Cemetery Silver Spring, Md. 29 May 168 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 74000 Georgia Ave. 250. REC'D BY REGISTRAR VR A15ME 51 Rinaldi Funeral Home, Inc. NW., DC 20012 DATE MAY 3 1



2	1 t	18-68 ams Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201	
FOR STATE	It	em2a.FilmGlo1 6/4/MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5 07370
HEALTH DEPT.	1. D	ECEASED-NAME First Middle Last 20. DATE KNOWN Month	Day Year 2b. HOUR
of ge	(	Type or Print) MONICA SLAPSUS OF ESTI- DEATH MATED []  MEY	25 19 68 M
delay	3. S	A lost highland MANTHS DAYS HOURS MIN	2d. HOUR
D G W		F N 05-01-21 4/ yrs. 5- 00/25	Year 19683 5M
2-61	7a.	BIRTHPLACE (Stote or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TNEVER MARRIED 9. COUNTY OF DEATH	
Pages with for		"LITHUANIA U. Z. WIDOWED   Montgomery	Wq
00/2 4 //	T	AKOMAPACK Mod give street address - SAN - Hosp during most of working life, even if retired.) I housewise	12b. KIND OF BUSINESS OR INDUSTRY
hours ofter Item 18. Giv Office along Iond 2 with th		USUAL RESIDENCE (Where deceased lived, if institutions: Residence before 13C CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER dmission) STATE 13b. COUNTY 13c. STREET AND NUMBER	nas to a
118 ce a de		11 12 0 MILLENILLO 13 0 1 13014 6/16	MINDLETAN
hours Item 1 Office Iond 2	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
4 - 0 0 0	160	HNT HONY SLAZYS MARIE FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
		(es, no fer finknown) (If yes give war or dates of service) 274-36-46870RIUPRS / IEENSE	
d with period Exor		18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
executed in Medical E. permit. F		PART I. DEATH WAS CAUSED BY: Shock, secondary to massive abdominal	BETWEEN ONSET AND DEATH
mdir Med per		DUE TO, OR AS A CONSEQUENCE OF retroperitoneal hemorrhage	B hrs. 40mim.
be exerting the best of the be		Conditions, if ony, which gave rise to immediate cause (a). (b) Automobile accident	
should e word o the Cl ourial-tra in any		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
		last. (t)	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certificate writing th rworded t	NO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
0 5 5 1	CERTIFICATION	WAS PERFORMED?	YES NO NO
T 0 0 D	CERT	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Itel	
	MEDICAL	PRIMARY SOR CONTRIBUTING HOUR A.M.	3/3
XAMINER: te the cert ge 4 should your files. 'oge 3 shou cremotion,	MEC	21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f. 10(ATION) Street or R.F.D. No. City ar Town	County State
EXAMINER: upte the cert age 4 shoul your files. Poge 3 shou I, cremotion		WHILE AT WORK	402th ud
ical Execut tor. Pag ed for y CTOR: Po		22a. I certify that I taak charge af the remains described abave, held an Autopsy , Inspection , Inquiry	, and in my opinian
		death resulted fram: Natural couses 🔲, Accident 🔼, Suicide 🔲, Hamicide 🔲, Undetermined manner [	
ITY SIC ry, please e erol directo be retained RAL DIRECT		ACTUAL CHIEF MEDICAL EXAMINER CONTROL DAYS	
		SIGNATURE	
o DEPUTY necessary, p the funerol of S may be re o FUNERAL I Health prior		EXAMINER'S NAME (Type)  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, town, or county)	2 000
necessa the fun 5 may 70 FUNE	23a	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town)	(Caunty) (State)
- W		Burial 29 May '68 Gate of Heaven Cemetery Silver Spring,	, ,,
Do	24.		IGNATURE
VR A15ME (5) 10M REV. 1/68	L	FUNERAL DIRECTOR Rinaldi Funeral Home, Inc. 7400 Georgia Ave 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI NW, DC 20012 DATE MAY 31 1968	les judges

C1 O E 7 TO SHE SING THE STREET SEE 1. Y ... of 1 ... y ... y ... y ... y ... y ... 1... 

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death. (Type or print) Month ANCES SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. (ast birthday) poorsa Zmal 10 YRS 9. COUNTY OF DEATH To. BIRTHPLACE (State or foreign WHAT COUNTRY? 8. MARRIED NEVER MARRIED completely filled in signed by the attending physician and completely filled in burial-transit permit. Then please remove carbon papers. burial, cremation, or removal, and in ony event, within 72 b Mon WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY bethesda sburban 13c. CITY OR TOWN 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY HMITS? 13e/1STREET AND NUMBER mary lanc 14. FATHER'S NAME lost 1S. MOTHER'S MAIDEN NAME First Middle Lost KapER+ 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes no or unknown) SISTER -Gdd. Stine EdNA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Hemorrhagic cerebral infarction, bilateral BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 2 days DUE TO, OR AS A CONSEQUENCE OF cerebral arteriosclerosis, marked Canditions, if any, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate hos been be detoched far use as the State Dept. of Health prior to ATTENDING PHYSICIAN: The law 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION CAUSES OF DEATH? YES [ NO [ 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram... , and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an\_\_\_\_\_ directar, page 3 should should be filed with the causes stated abave. (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) Clarksburg, NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION, REMODALISTE TWO I 23b. DATE 5-7-68 (State) FUNERAL DIRECTOR 30M REV. 1/68

TEN SAFARA BONTES DESERVICIONES AND AUTOMOBILITATION OF A STATE OF THE SAFARA S MARKS INDIVIDUAL THE PARTY OF T BB-V-3 TOTAL Later to be

	1	MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	L	CERTIFICATE OF DEATH 07372
and 2 death.		First Middle Last 2a. DATE OF DEATH  Type ar print)  Manth Day Year 13
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ours after	3. S	last highday) Hourst Dave House La
1	-	remale Aucasian 12-12-20 41 YRS.
5		BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	10	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in bospital 12g. LISHAL OCCUPATION (Kind of work done 12b. KIND OF BRISHNESSOR)
71	10.	during most of working life, even if retired.) INDUSTRY
	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13th COLINITY
Dunal, cremanan, or remayar, and in any event,	adm	ission) STATE MD 13b. COUNTY TO OMERLY SILVER SPRINTES NO 1 8548 11 AVE
1	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
		JOSEPH - KLUS ANNA - MADE
		. WAS DECEASED EVER IN U.S. ARMED FORCES? (fes, no, or unknown) (If yes give war or dothes of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT Walter Smolen  Address
		No 214-52-3675 CHART 8348 11th Ave. 3.3.
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY:
5		1/2 1 IMMEDIATE CAUSE (a) Eucoph alomal acres + Heurorch. 5da
ĺ		DUE TO, OR AS A CONSEQUENCE OF
2		Canditians, if any, which gave rise to immediate cause (0). (b) Ruplure of Julia Cranial alleway on 5 de
		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)
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	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WEST FORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
X	RTIFIC	5-10.68 Sutra eran Anewy Sm YES NO CAUSES OF DEATH?
	SAL CE	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)    Contributing   Cause of Death   HOUR A.M. Month Doy Year
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	-	21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
		of work — of work —
		saw the deceased glive on 3 - 4 - 1968, and that in (my) (aur) apinion death accurred on the date and hour and from the
		causes stated abave, (1) (we) (did) (did nat) view the bady after death.
,0		224. SIGNATURE  DEGREE PHYS.  MED.  STAFF  DIRECTOR PHYS.   22c. DATE SIGNED  5-68
,		DEGREE PHYS. DIRECTOR
1		WAME (Type) Jonathan M. Williams 808 Persking Dr. Silver Spr.
1	23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
K		Burial May 18, 1968 Fort Lincoln cemetery Bladensburg P.G. Md.
N	24.	FUNERAL DIRECTOR W. Lee San Address Address Pumphrey. Proc. 8434 Ga. Ave. S.S. Md. DATE N.Y 2.4 1968 Charles July
98	va	Ther (. Pumprisey, 5nd. 64)4 9a. 110e. 3.50 May Date N. 1. 24 1000

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MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 37373 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First -Middle 20 DATE KNOWNE Month (Type or Print) ESTI-Merrick 31 DEATH MATED 3 SEX AGE (In years IF LINDER 24 HRS S. DATE OF BIRTH DATE PRONOUNCED DEAD 1968 7.3 YRS 7, 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH TITIZEN OF WHAT COUNTRY? ront gom WIDOWED [ DIVORCED [ haurs after death 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done CK Landuring most of working life even if retired.) 8. Give alang death. 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY MON't don't Kensington YES IN NO IX odmission) STATE Md. 9617 Hourch land 2 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME Middle Eichith Cross pencil ARMED FORCES? within 160. WAS DECEASED EVER IN U.S. 16b. SOCIAL SECURITY NO 17. INFORMANT Wire ADDRESS (Yes no, or unknown) Same as Item 13. 14-36-3349A Ada H. Smythe within APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. PART 1. DEATH WAS CAUSED BY: Sudder リカシン COLOLOL IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ascolar rise to immediate couse (a). shauld ward DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse . = writing the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) certificate 0 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 NO X pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE P AT WORK AT WORK FUNERAL DIRECTOR: 220. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry X and in my opinion death resulted fram: Notural couses X. Accident Suicide [ Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may FO FUNE Health JOHN G. BALL NAME (Type ADDRESS(Street, city, town, or county) Bethesda. Md. 23o. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Cedar Hill Grematory Suitland, Maryland 6-3-68 Cremation 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ROBERT A. PUMPHREY. Bethesda, Maryland VR A15ME (5) DATE JUN 10M REV. 1/68

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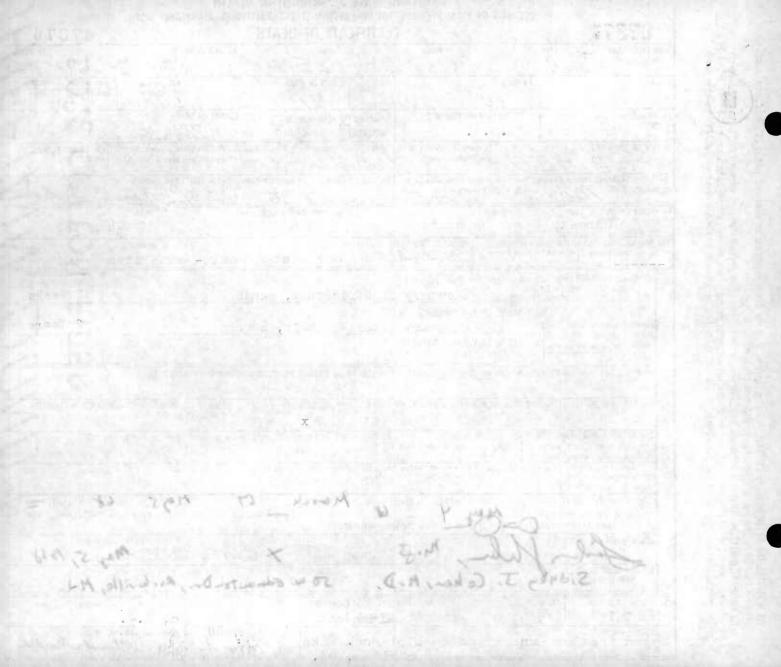
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07375 CERTIFICATE OF DEATH 2o. DATE OF DEATH DECEASED-NAME First Middle Last 2b. HOUR requires that the death certificate be executed within 24 hours after death Manth 10 t Pay 1886 00 68 (Type or print) Snyder Earl May Raymond 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years IF LINDER 1 YEAR IE LINDER 24 HRS. lass birthdoy) Male White \*MaApril 9th 1886 d completely filled in by the move carbon popers. Par nove carbon popers. Par ny event, within 72 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country Varyland USA Montgomery WIDOWED A DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind af work dane cremation, or removal, and in any event, within 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) during most of Whele his his en if retired.) INDUSTRY Gaithersburg. Rural 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admissian) STATE 13b. COUNTY Monte Gaither sburges NO X Rural 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Middle Lost Elizabeth Mills Nathan Snyder 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO Yes, no, or unknown) (If yes give war or dates of service) Mrs Lester D. Clagett. Gaithersburg.Md 18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) signed by the burial-transit p Canditians, if any, which gove ) Auterio Scleros rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health prior to FUNERAL DIRECTOR: After this certificate has been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Tawn County Stote While Nat while of wark 22a. I certify that (I) (this haspital attended the deceased from way, 1850, ta way to 1964, that (I) (we) last saw the deceased alive an way 9 1965, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** 21d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION, Gaithersburg. Md. Forest Oak 25b. REGISTRAR'S, SIGNATURE 2Sa. REC'D BY REGISTRAR Gartner Galthersburg Md.

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TO HO Page TO FUN direct	L	BURIAL, CREMATION, 23b. DATE BREMOVALLISPECTY) 5/9/	68 East	CEMETERY OR CREMATORY Ridgelawn	23d. LOCATION (City or Town) Passaic, N.J.	(Caunty) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07377 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH First 2b. HOUR ely filled in by the funeral bon popers. Pages 1 and 2, within 72 hours after death requires that the death certificate be executed within 24 haurs after death (Type or print) Month Vernon STRANG 30 L. Mav 3. SEX 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR 6. AGE (In years last birthday) DAYS Caucasian August 12. Male 1929 7o. 8IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED XNEVER MARRIED (country) Wisconsin ond campletely filled in lemore carbon popers. USA WIDOWED | DIVORCED [ Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of working life, even if retired.) give street oddress)
Naval Hospital INDUSTRY Bethesda, Maryland 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e, STREET AND NUMBER 6308 Pioneer Drive 13d INSIDE CITY LIMITS? evept 13b. COUNTY Springfield Middle Middle 14. FATHER'S NAME First Last IS. MOTHER'S MAIDEN NAME First Strang Letha Oscar C. Shell director, page 3 should be detached for use os the burial-tronsit permit. Then please ( should be filed with the Stote Dept. of Health prior ta burial, cremation, or removol, ond in physician c Address Virginia 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Springfield Yes, no, or unknown) Mrs. Olga Strang, 6308 Pioneer Drive 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) Hodakinis rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES XX NO 🗆 TO FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Nat while at work 22a. I certify that (this haspital) attended the deceased from May 23 , 19 68, to May 30 , 19 68, that A (we) lost saw the deceased alive an May 30 19 68, and that in town (aur) opinion death occurred an the date and haur and fram the causes stated above, (1) (we) (4) (did nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR May 31, 1968 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Charles S. Crummy, M. D. Naval Hospital, Bethesda, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, (County) REMOVAR(Specify) ] Arlington National Arlington. Va. 1988 REGISTRAP'S SIGNATURE 24. FUNERAL DIRECTOR Everly-Wheatley Funeral Home 25a. REC'D BY REGISTRAD 30M REV. 1/68 1500 West Braddock Rd., Alexandria, Va. DATE

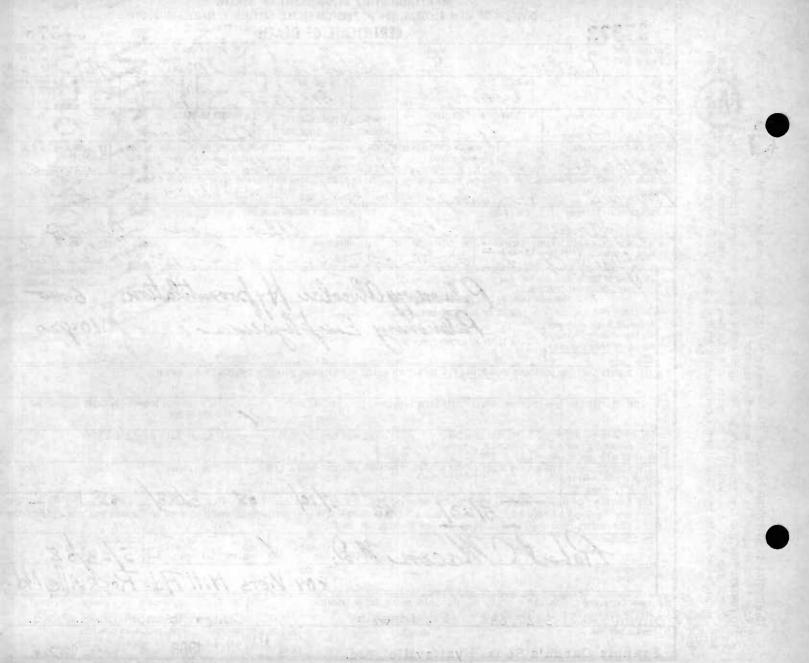
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 37378 DECEASED-NAME Middle 2h. HOUR . First 2a. DATE OF DEATH and 2 death. after death. (Type or print) Month hARd 6. AGE (In years last birthday) 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS HOURS white male YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers shauld be filed with the State Dept. af Health priar ta burial, crematian, or removal, and in any event, within 72 WIDOWED DIVORCED [ filled 10. CLTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work doe 12b. KIND OF BUSINESS OR give-street address) during most of weeking life, even if retired.) INDUSTRY and campletely 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR JOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed YES 🗀 NO [ ANIER 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na. artinknawn) CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
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MARYLAND STATE DEPARTMENT OF HEALTH



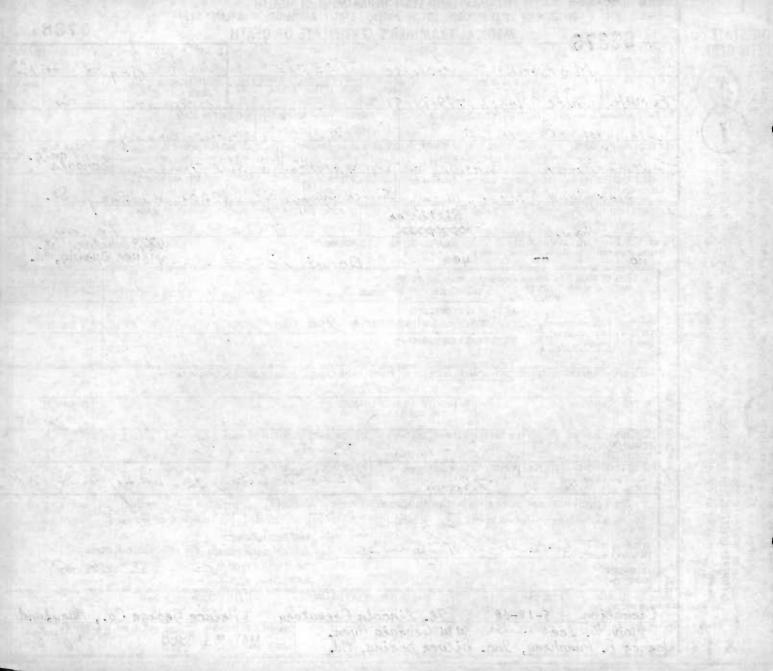
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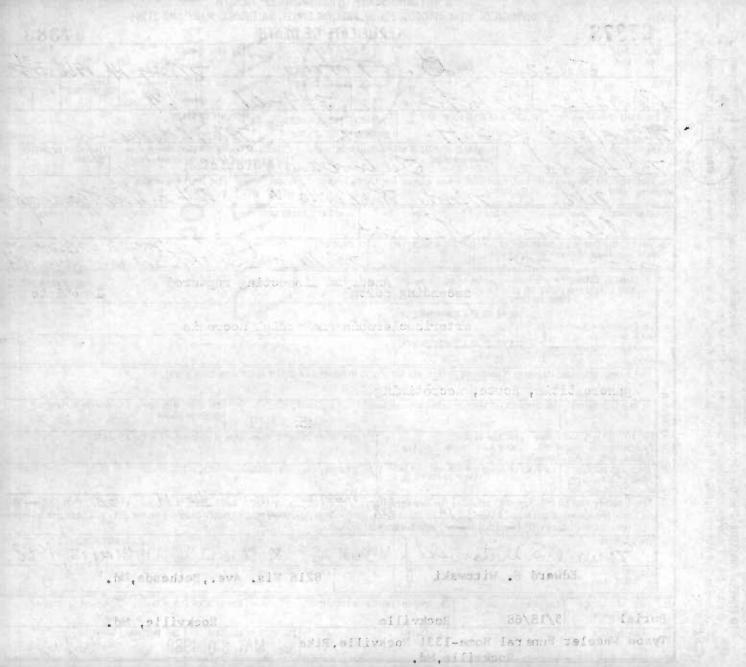
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e lo ss b as as	CERTIFICATION	190. DATE OF OPERATION 190.	CONDITION FOR WHICH OPERATION WAS PE		CAUSES OF DEATH?	JUSIDEKED IN CEKTIFTING
The affe	RIE				NO CA	
L or cate		21 o. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT			(Enter noture of injury in Port 1 or Port 2, I	item 18.)
Die die file	MEDICAL	(If either, notify medical examin	ner) P.M. 19	9		
ATTENDING PHYSICIA retained by the hospital retained by the hospital ECTOR: After this certifical S should be defacted fo with the State Dept. of H	W	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FAC	CTORY.) 21f. LOCATION Street or R.F	F.D. No. City or Town	County Stote
this De		While Not while of work				
NG Vy t ter ter tate		22o. I certify that (I) (thi	is hospital) ottended the decease	ed fram + 1963,	, <del>19,</del> ta <b>3</b> o 1974 4, 190 #}opinion deoth occurred on the da	A, that (I) (we) last
A P Af A B A B A B A B A B A B A B A B A B		sow the deceased a	live on 25 17A4 1	1968, and that in (my) (our	r) opinion deoth occurred on the da	te ond hour and from the
OR oul		causes stated abave	e, (I) (we) (did) (did not) view the	bady after death.		
sh sh		22b. SIGNATURE	21,100	ATTENDING -	MED. STAFF D 22c. C	DATE SIGNED
OR DE LA SPE LA		TEury (	D. War	DEGREE PHYS.	DIRECTOR PHYS.	5/30/68
ooy NI I		22d. PHYSICIAN'S	2 11 11	22e. ADDRESS	1 hours R. 42 (1)	UC 1230309
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 moy be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		NAME (Type) Henry	R. Wolfe M.D.	1131 6	UNIU, BLUS, W.	1.4. 170.
Godf out	23o.	BURIAL, CREMATION, 23b. I		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
( P. E. O. B.O.	B	REMOVAL (Specify) 3 9	lune 1968 Fort L	Lincoln Cemetery	Prince George	s Maryland
10,11	-	FUNERAL DIRECTOR	Glen Carter ADDRESS		REC'D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
VR A13 (4) 30M REV. 168	W	riner & Pumpha	en Inc. 8434 Geori	gia Ave. S.S. DATE	REC'D BY REGISTRAR 25b. REGISTRAR'S	and Some

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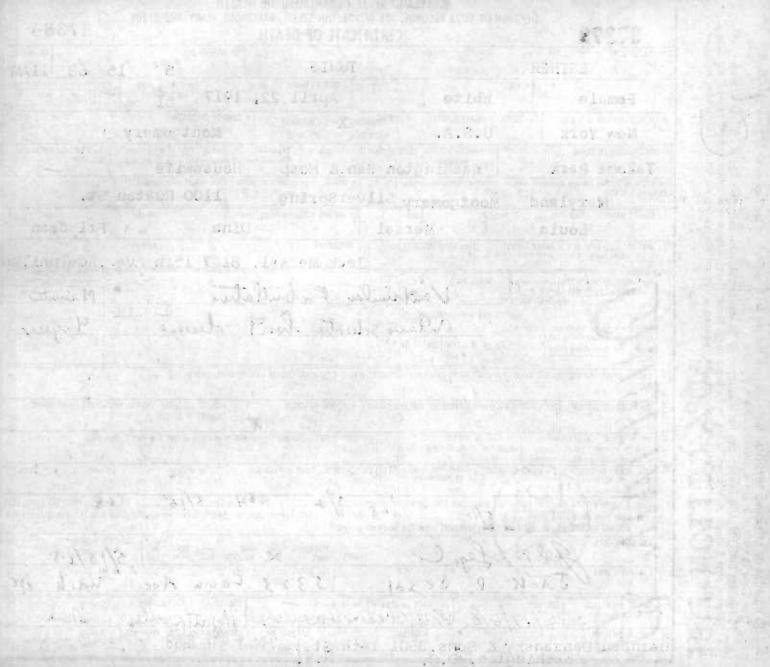
11-	-3-68 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07381
HEALTH DEPT.	1. DECEASED NAME 20. DATE KNOWN Manth Day	
	(Type of Print)	- 25
lay is Page	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	9 1968 A M 2d. HOUR
delidelidelidelidelidelidelidelidelideli	last birthday) MONTHS DAYS HOURS MIN Manth Day	Year
any delay 2, and 3. PM3. Pag	FEMALE White MARCH 17,1917 5/ YRS. 1744 176. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1868 M
	country) , WIDOWED TO DIVORCED TO	
to ges		Md.
after death 18. Give Pages 1, along with form with the State death.	give street oddress) during most of warking life, even if retired.) INDU	KIND OF BUSINESS OR CO
Give	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	nous
s after 18. Give alang to with the death.	admission) STATE 13b. COUNTY Silver Spring YES X NO 225 Whitness	St.
haurs after de Item 18. Give F Office alang wi 1and 2 with the after death.	14. FATHER'S NAME First Middled P	Inst
24 haurs in Item I r's Office es I and 2 rrs after	Eda AK TOXXXXXX INEZ Pe	04
thin 24 incil in niner's pages haurs	16a. WAS DECEASED EVER INCUS. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS & White	tney St.
This certificate shauld be executed within 24 haurs icate, writing the ward "pending" in pencil in Item 1 be farwarded to the Chief Medical Examiner's Office 1 be used as a burial-transit permit. File pages 1 and 2 or remaval, and in any event within 72 haurs after decorated.	(Yes, no, or unknown) (If yes give war or doles of service) yes DAVID TEED/E 50 DILVER Sp	ring, Md.
d w Exc File		APPROXIMATE INTERVAL
inte ig: iral iral iral iral	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE (AUSE (a)  Pulmonary edema & carbon monoxide poisoning	BETWEEN ONSET AND DEATH
Med per per	DIF TO, OR AS A CONSEQUENCE OF	
be 'pe iief iief	(anditions, if any, which gave) a, smoke inhalation from fire	5 min
ard ard Ch Ch I-tro	rise to immediate cause (a), (D)—DUE TO, OR AS A CONSEQUENCE OF	
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te shauld be executed wil the ward "pending" in pe d to the Chief Medical Exar a burial-transit permit. File ind in any event within 72	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ifica ting rrdee as al, a	= 9160	
wri wri rwa rwa sed	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This certificate shauld be executed willicate, writing the ward "pending" in pe be farwarded to the Chief Medical Exard be used as a burial-transit permit. File or remaval, and in any event within 72		YES NO
INER: This certificate shauld be executed within 24 haurs after death the certificate, writing the ward "pending" in pencil in Item 18. Give Pag shauld be farwarded to the Chief Medical Examiner's Office along with files.  3 shauld be used as a burial-transit permit. File pages land 2 with the standian, or remaval, and in any event within 72 haurs after death.	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOULAND 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 11	B.)
XAMINER: te the certified of the cremation,	CAUSE OF DEATH P.M. S 14-19-5	
MIN the ur fill mat	factory office building str	ounty State
DEPUTY SICAL EXAMINER: This certifica scessary, please execute the certificate, writing the funcial director. Page 4 should be farwarded may be retained far your files.  FUNERAL DIRECTOR: Page 3 should be used as ealth priar to burial, cremation, or remayal, a	AT WORK AT WORK AS	rend son
EPUTY SICAL EXA ssary, please execute funeral directar. Page ay be retained far you INERAL DIRECTOR: Pagith priar to burial, cre	220. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry,	ond in my opinion
ctor ctor ned ECT	deoth resulted from: Notural causes Accident X, Suicide , Homicide , Undetermined monner	
please direct direct DIRECT	ACTUAL CHIEF MEDICAL EXAMINER C	
TY YY, P Prid De r RAL Prid prid	SIGNATUR ASSISTANT MEDICAL EXAMINER 22b. DATE SIGN	.ED
EPU Ssar fune fune fune fune th	EXAMINER'S NAME (Type)  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, town, ar county)	- 40C
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5 - 1 - 1 - 1	REMOVAL (Specify)	
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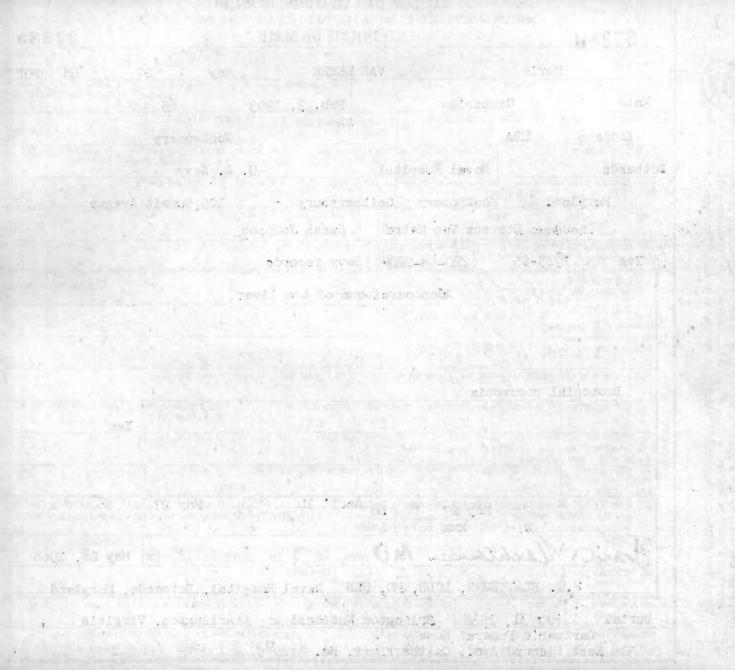


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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 7384 CERTIFICATE OF DEATH DECEASED-NAME Last First Middle 2a. DATE OF DEATH 2b. HOUR 24 haurs after death uneral 1 and (Type or print) Month **ESTHER** TUNIS 68 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years JE LINDER 1 YEAR IE LINDER 24 HRS last birthday) DAYS HOURS White April 22. Female 1917 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED X NEVER MARRIED country) New York U.S.A. Montgomery DIVORCED [ WIDOWED [7] 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR he law requires that the death certificate be executed within Hosp Housewife give street address) Washington San.& INDUSTRY attending physician and campletely sermit. Then please remave carban Takoma Park 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Montgomery SilverSpring NO T 1100 Ruatan crematian, ar remaval, and in any 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Lost Louis Dina Mersal Friedman 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes. no. or unknown) Jack Mersal. 15th Ave. Adelphi 1B. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) Conditions, if any, which gove burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the hospital or attending as the DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO DE 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year o P.M. (If either, notify medical examiner) detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 220. I certify that (I) (this hospital) attended the deceased from 3/2, 1964, to 5/15, 1766, 1101 (I) (we) 1031 the deceased alive an 3/2 and that in (my) (aur) opinion death occurred on the date and hour and from the OR ATTENDING director, page 3 shauld be shauld be filed with the Stat couses stated obove, (1) (we) (did not) view the body after deoth. 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF DEGREE PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS O FUNERAL NAME (Type) 230. BURIAL PREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) **REMOVAL** (Specify) 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV. 1/68 Bernard Danzansky & Sons, 3501 14th



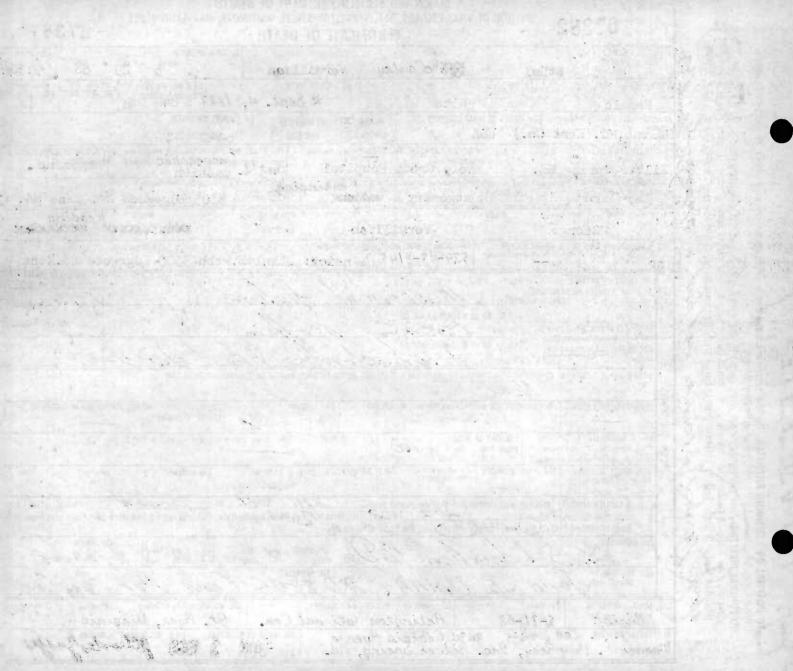


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17386 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERT 1. DECEASED-NAME First Middle Lost 2b. HOUD 2a. DATE KNOWN Manth Doy Yeor (Type or Print) ESTI 1068 delay is and 3 to M3. Page May 7:30 Woodfin Grady Vaughn DEATH MATED IF UNDER 1 YEAR IF UNDER 24 HRS. 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3. F HOURS May Day Year : 45 Male White 7/9/89 68 78 YRS Depart 2 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED SNEVER MARRIED form country A labama U.S.A. WIDOWED [ DIVORCED [ Montgomery in Item 18. Give Poges with the State 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done olong with during most of working life, even if retired.)
Accountant & Bkkpr. INDUSTRY Montgomery Gen. Hospital Olney 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY ntgomery odmissian) Maryland Silver Spring ! 100 Bonifant Road haurs lond 2 Office offer Middle 14. FATHER'S NAME First Lost 15. MOTHER'S MAIDEN NAME Middle Lost Brandon Daniel H. Vaughn Dollie Examiner's pages hours 17. INFORMANT records pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS be executed within (Yes, no, ar unknown) 204-05-2684 Montgomery General Hospital, Olney File ves 2 within 18. CAUSE OF DEATH (Enter only one cause per line Metal), (b), and (c). BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY pending" IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if ony, which gove rise to immediate couse (a) This certificate shauld writing the word any DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .5 forwarded to puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 00 removol, nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate. YES [ pe 21o. EXTERNAL CAUSE WAS 10 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should plnods HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING EXAMINER: cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) AT WORK AT WORK burial. FUNERAL DIRECTOR: 22a. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Inspection Inquiry director. retained death resulted from: Natural causes Suicide Homicide Undetermined manner Accident pleose CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE pe DEPUTY MEDICAL EXAMINER **EXAMINER'S** may Heolth Belden R. Reap. M. ADDRESS(Street, city, town, or county) NAME (Type) 50 BURIAL, CREMATION 23c. NAME OF CEMETERY OR 23d. LOCATION (City or Town (County) (Stote) REMOVAL (Specify 3 wur FUNERAL DIRECTOR ADDRESS 2Sh VR A15ME (5) 10M REV. 1/68

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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Inst 2g. DATE OF DEATH 2b. HOUR (Type ar print) MMM Cauley Ethel Vermillion 9:30 the fund 3. SEX 4. RACE S. DATE OF BIRTH IF UNOER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last hirthday) OAYS HOURS & Sept. White Female 24 haurs 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED DE NEVER MARRIED 9. COUNTY OF DEATH Galena, Md. (Kent .⊆ Co. USA Montgomery WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind, af work dane requires that the death certificate be executed within 12b. KIND OF BUSINESS OR during most of work Galle Nature (Nature) give street address)
Holy C Magazine ÷ × Cross Hospital Silver Spring Md. Cashier and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER 13b. COUNTY NO ntgomery Gackenac 305 Edgewood Rd. Kens Md. 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First and First Last Readindost Middle George Vermillian Emma PONNTHETON MECKEROWSEN. the attending physician (sit permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na. ar unknown) d far use as the burial-transit permit. Then proof Health prior to burial, cremation, ar remayal, 579-48-8145 neice: Ethel E.Webb 3305 Edgewood Rd.Kens. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (anditions, if any which gove) rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO E TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us should be filed with the State Dept, at Health 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) Month Day OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City ar Town County State While Not while at work 220. I certify that (I) (this hospital) attended the deceased fram\_ 1966, to 2 19 68, and that in my (our) apinian death occurred on the date and hour and fram the sow the deceased olive-on\_\_\_ causes stated above (1) (we) (did) (did not) view the body after death. 226. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S MAME (Type) 22e. ADDRESS 23d. LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) Arlington National Cem-Myer. Virginia Inc. Silver Spring, Md. 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Pumphrey. DATE JUN 30M REV. 1/68



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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07331
HEALTH DEPT.		ECEASED-NAME First Middle Last 2a. DATE KNOWN Manth	Doy Year 2b. HOUR
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hin 24 ncil in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	RUSLINDLING
	0	es, no, or unknawn) (If yes give war or dates af service) NR. THEODORE WEITZMAN, 5800 CLOVE	R ROAD #2121
be executed wit "pending" in pe iief Medical Exar Insit permit. File event within 72		18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
shauld be executed to ward "pending" in a the Chief Medical Eburial-transit permit. It in any event within	77.1	PART I. DEATH WAS CAUSED BY: Asphyxiation due to smoke inhalation	
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is certificate shauld te, writing the ward farwarded ta the C e used as a burial-tr removal, and in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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s certifie, writifarwar farwar used emoval	CERTIFICATION	WAS PERFORMED?	YES NO
	CERTI	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	
(AMINER: The tertificate the certificate of 4 shauld be four files.  age 3 should the certificate of 5 should the	MEDICAL	PRIMARY X OR CONTRIBUTING 1:30-R.M. 5-3-6819  Deceased burned in house fi	
she cash she file 3 st	MED	21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City ar Town	County State
L EXAMINER: ecute the cert Page 4 shauls or your files. RR: Page 3 should ial, crematian,		WHILE NOT WHILE AT WORK AT WOR	gomery Md.
DEPUTY COLCAL EXAM sessary, please execute the funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page ealth prior to burial, cren		22a. I <b>certify</b> that I taak charge of the remains described above, held an Autopsy XI, Inspection XI, Inquiry X	and in my opinion
ical E execution: Particular for Ecror: Particular for Ecror: 12 burial,	.14	death resulted from: Natural causes 🔲 , Academ 🗵 , Suicide 🔲 , Homicide 🔲 , Undetermined manner	
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Bo	24.	BURIAL 5-6-68 BETH JACOB FINKSBURG, MARY FUNERAL DIRECTOR ADDRESS 2SO. REC'D BY REGISTRAR 2Sb. REGISTRAR'S S	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 20. DATE OF DEATH 2b. HOUR death. (Type or print) Month Wels 3. SEX 5. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR last birthdoy) requires that the death certificate be executed within 24 haurs 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED U.S. WIDOWED [ DIVORCED [ burial, crematian, ar remaval, and in any event, within IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done during most of working life, even it give street address remave carban Govt. deceased lived, if institution; Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER MONTGOMERY SILVER SPRING YES IN NO WISDUSIDE 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle pup Patrick Welsh Mary Dunn 16b. SOCIAL SECURITY NO. 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 215-48-0416 A-BOVE Luci APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) RESPIRATORY Conditions, if ony, which gave a -CAUSE HUPOVOLEMIA burial-transit rise to immediate cause (o), DUE TO, UR AS A CONSEQUENCE OF stating the underlying couse ATHEROSCLERUSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVETETIC ULITIS SIG-MOID COLON d far use as the of Health priar to 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 2Da. AUTOPSY? has CAUSES OF DEATH? YES [ NO A FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, notify medical exominer) P.M directar, page 3 shauld be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County While Nat while at work causes stoted obove, (1) (we) (did) (did) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED M. D - ATTENDING 5/24/68 DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) ROB ERT MID 8907 GEO. AVE. SILVER SPRING, MD. 23b. DATE 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (County) (Stote) REMOVAIBS Bacity) a ] May 28,1968 Gate of Heaven Silver Spring Montgomery Md. 25b. REGISTRAR'S, SIGNATURE 2Sa. REC'D BY REGISTRAR DATE

MARY E MELSIN MAY 24 1968 MAY Fewels White 1/85 33 greensptwam West to the second second Story Spring Story Cress Hotel Waring Sweet & MARHERY) MINITERINGRY STEWER STRATE OF ECO MONESTOR PARKET BENEVER LOCK WELLH AS ABUE, RESPIRATING FAILURE - SAILE? at the HELPOURE CHUR LE HOSE ? SEGROS GENERAL ATHEROSECERLIST YEARS. DIVERTICULTY SIGNATURE COUNTY James Realthing 2/24/68 THERE A. KIR ERES HIP BOOT COOL AVE SOLVER SPRING, AND 

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 37393 Item#9.FilmGL01 6/11/68km death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY DISTRICT OF COLUMBI MONTGOMERY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON SILVER SPRING d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? paper SYLVAN MANOR HEALTH CARE CENTER 2441 39th STREET. N. W. YES NOX event, within requires that the death certificate be executed within carban 3. NAME OF Middle First Lost 4. DATE Month Doy Year DECEASED YING OF H. WEIN 1968 MAY 28 (Type or print) DEATH 9. AGE In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Hours MALE ORIENTAL JANUARY 18. 1887 and in any WIDOWED A DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired) COUNTRY? CHINA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal, TSUNG WEN LEI 1020 Add Grosvenor Place 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no, or unknown) (If yes give war or dates of service) unknown ALFRED Y. WEN (SON) Rockville, Maryland burial, crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO signed ! Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending d far use as the af Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While of work ot work , 19 23, to 24 May \_\_\_, 19\_68 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. Desc, 19 68, and that death accurred at 7:57AM, from causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, should b 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) 6/6/68 U.S. Military Academy Com. West Point. New York 25b. REGISTRAR'S SIGNATU 24. FUNERAL DIRECTOR-2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

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FOR STATE	11-ms 18-22a Film 401 MARYLAND STATE DEPARTMENT OF HEALTH 6-7-68 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07389 Item #7a MEDICAL EXAMINER'S CERTIFICATE OF DEATH
FOR STATE HEALTH DEPT.	DECEASED NAME   MARGARET   AGNES   WENDLANDT   OF ESTI- DEATH MATER   DEV   STI- DESTI- DES
deloy is	3. SEX F 4. RACE S. DATE OF BIRTH 5. DATE OF BIRTH 7. DAYS HOURS MIN 5. DATE PRONOUNCED DEAD 7. MONTHS 0.4YS HOURS MIN 5. DATE PRONOUNCED DEAD 7. DATE OF BIRTH 7. DAYS HOURS MIN 5. DATE PRONOUNCED DEAD 7. DATE OF BIRTH 7. DAYS HOURS MIN 5. DAYS HOURS MI
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offer death  S. Give Pages along with far with the State eath.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital DECUPATION (Kind of work done Washington Sanitarium during the even if retired.) INDUSTRY
s aff	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE MD 13b. COUNTY Takoma Park No 7307 Takoma Avenue
	Arthur L. Haislip Sr.   Is. MOTHER'S MAIDEN NAME First Middle Lost Weppie Teco Oliver
within 24 n pencil in Examiner's File pages	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO.  17. INFORMANT Mr. George R. Wendlandt Husband
executed nding" in Medical E permit. F	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF
var he ial-	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.  (b) Barbiturate drug overdose, self-administered  DUE TO, OR AS A CONSEQUENCE OF
rate ig the ed t	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
far far	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTOPSY?  YES NO   21a. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Day, Year  21c. HOW INJURY OCCURRED (Epter nature of injury in Part 2 or Part 2, Item 18.)
tifica Id be uld b	21o. EXTERNAL CAUSE WAS PRIMARY OF OR CONTRIBUTING CAUSE OF DEATH  21d. INJURY OCCURRED 121e. PLACE OF INJURY (At home form street)  21d. INJURY OCCURRED 121e. PLACE OF INJURY (At home form street)  21d. INJURY OCCURRED 121e. PLACE OF INJURY (At home form street)  21d. INJURY OCCURRED 121e. PLACE OF INJURY (At home form street)  21d. INJURY OCCURRED 121e. PLACE OF INJURY (At home form street)  21d. INJURY OCCURRED 121e. PLACE OF INJURY (At home form street)  21d. INJURY OCCURRED 121e. PLACE OF INJURY (At home form street)  21d. INJURY OCCURRED 121e. PLACE OF INJURY (AT home form street)  21d. INJURY OCCURRED 121e. PLACE OF INJURY (AT home form street)  21d. INJURY OCCURRED 121e. PLACE OF INJURY (AT home form street)
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O DEPUTY CO necessary, pleas the funeral direc 5 may be retain O FUNERAL DIRE Health priar ta	EXAMINER'S BELDEN R. KEAP M. DEPLITY MEDICAL EXAMINER DATE (Type) BELDEN R. KEAP M. DADRESS STREET COUNTY) MAY 9, 1968
00 the state of th	236 BURIAL EREMATION, REMOVAL (Specify)  23b. DATE  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City or Toyn)  (County)  (State)  24. FUNERAY DIRECTOR  25c. RECID BY REGISTRAR  25b. REGISTRAR  25b. REGISTRAR  25b. REGISTRAR  25c. RECID BY RECID BY REGISTRAR  25c. RECID BY RECID BY RECID BY REGISTRAR  25c. RECID BY R
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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07390 07395 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR a uneral (Type ar print) Baby MickackxBoy Whitcomb dear burial-transit permit. Then please remave carban papers. Pages <del>1 and</del> burial, crematian, ar remaval, and in any event, within 72 haurs after ded<sup>1</sup> XBXKKKX 1968 L1:25 M 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) Male 4-30-68 DAYS 2 att White within 24 haurs campletely filled in by 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Md. U.S.A. DIVORCED [ WIDOWED [ Montgomery 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR Takoma Park 9 Was Anddress San & Hospital during mast af warking life, even if retired.) INDUSTRY N ne 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN Village 13d. INSIDE CITY LIMITS? requires that the death certificate be executed 13b. COUNTY Baltimore admission) STATE Md. YES NO NO Baltimore Route 4, Box 9, Aladdin 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Lost Barry Michael Whitcomb Arleen Staples 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) Father APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the c burial-transit p Canditions, if ony, which gove ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspital or attending directar, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar ta has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO F TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased fram. \_\_, 19\_\_\_\_, ta\_ . 19 saw the deceased alive an\_\_\_\_\_\_19\_\_\_\_, and that causes stated abave, (I) (we) (did) (did nat) view the bady after death. , and that in (my) (aur) apinian death occurred an the date and haur and fram the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR GREENBEUT 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) CRHOWITZ SPRINGHILL 6202 MO 20770 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION, 23b. DATE (County) (State) REMOVAL (Specify) 5-2-68 Wash. San & Hospital Takoma Park, Mont., Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE J.D. Ruffcorn, Takoma Park, Maryland 1968 MAY 30M REV. 1/68

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s after 18. Gir s alanç 2 with death.	a	dmission) STATE Maryland 3b. COUNTY Montgomery S.S. YES NO 1508 Jasper St.	
haurs a ltem 18. Office al land 2 w after dec	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
		Oscar T. Anderson Hilma	
hin 24 ncil in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES?  (as, no, or unknown) (If yes give wor or dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS	
within n pencil Examine File pag		None (If yes give wor or dotes of service) 343 22 7724 Mr. John Wigell, Husband	
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed anding" in Medical E t permit. F		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Hemorrhagic shock due to gunshot wounds	
ex end it p		DUE TO, OR AS A CONSEQUENCE OF	
d 'pe d 'pe Chief ransil		Canditions, if ony, which gove rise to immediate couse (a).  (b) in abdomen, self-inflicted; Depression  DUE TO, OR AS A CONSEQUENCE OF	
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is certific te, writin farward e used a remaval,	TION	196. CONDITION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
9 5 7 1	CERTIFICATION	WAS PERFORMED?	YES NO
the ica be do be	ER.	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	n 1B.)
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AINER he cer la shaul shaul r files.	ME	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At hame, form, street, forton, office building etc.)  21f. LOCATION Street at R.F.D. No. City or Town	County State
XAN Jate 1 yau Yau Crei	17	WHILE AT WORK AT WORK TO AT WORK TO Silver Spring	Montg Md
ical Examiner:  execute the certifor. Page 4 shauld ed for your files. CTOR: Page 3 shou burial, crematian,		220. I certify that I took charge of the remains described above, held an Autopsy Inspection, Inquiry X,	ond in my apinio
ctor ctor ned ECT bu	1	death resulted frem: Natural causes 🗌 Acceptent 🔲, Suicide 🖾, Homicide 🔲, Undetermined manner 🗌	
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look .	24.	FUNERAL DIRECTOR Son Wheeler Funeral Home 1331 Rock. Pike  250. RECU BY REGISTRAR 1968 FUNERAL DIRECTOR 1110 4 1968	GNATURE CINCAGO
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MARYLAND STATE DEPARTMENT OF HEALTH 07333 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07398 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR 24 haurs after death. (Type ar print) / Year 68 Elsie May Month 27 Day the funeral deal WILLIAMSON H. e. 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS last birthday) HOURS Caucasian May 23, 1917 Female haurs 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar foreign 8. MARRIED TA NEVER MARRIED Mississippi USA DIVORCED [ Montgomery WIDOWED | burial, crematian, or remaval, and in any event, within 72 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR within INDUSTRY TISA during mast of working life even if retired.) give street address) Bethesda Naval Hospital remave carba completely 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY Fairfax YES NO 3515 Cornell Road Fairfax rginia 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Middle Last Beatrice Horton Carl Herman attending physician operate Fairfax Virginia 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give war or dates of service) Yes, no, ar unknawn) Capt. Thomas C. Williamson, 3515 Cornell Rd. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave ) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause alamon PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta TO HOSPITAL OR ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? Yes YES X NO T TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY ar contributing CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Month Day Year P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Caunty State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from May (, 1968, ta May 21, 1968, that (1) (we) last saw the deceased alive an May 21, 1968, and that in (1) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (2020) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR M. W. DEGREE 22 May 1968 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) J. R. FLETCHER, M. D. Naval Hospital, Bethesda, Maryland 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. (County) (State) REMOVAL (Specify) Arlington, Virginia May 24/68 Arlington National 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTORE VETLY Fune MESSHome 2Sa. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 1968 MAY 24 Fairfax, Virginia By Vice Pres DATE

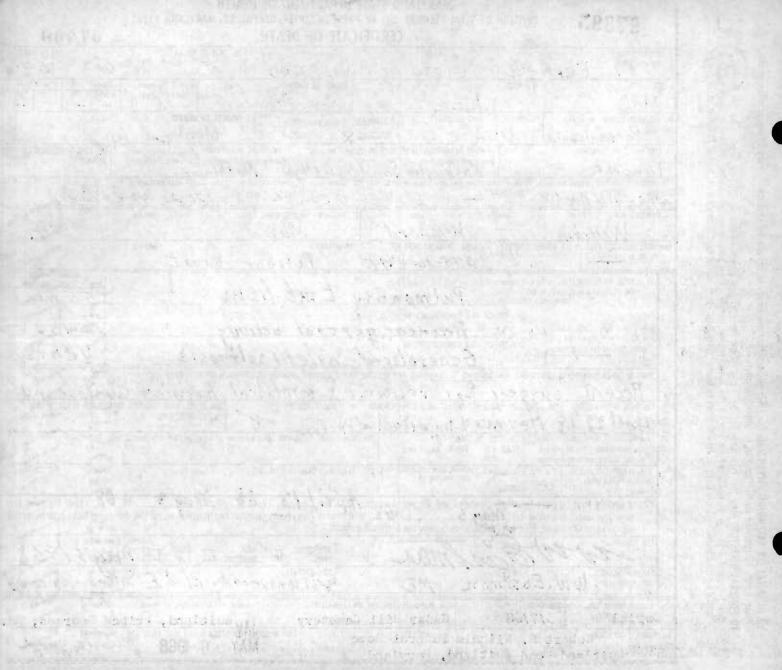
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07399 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the funeral pup (Type or print) Month Marie OVENCE SEX 4. RACE S. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. last birthday) DAYS HOURS YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED [ DIVORCED [ Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done event, withir 12b. KIND OF BUSINESS OR give street address) INDUSTRY carban during most of working life, green if retired.) campletely 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 1Bb. COUNTY YES V NO [ ont gomer crematian, or remaval, and in any 14. FATHER'S NAME pup Middle 15. MOTHER'S MAIDEN NAME First Lost Middle Last John W. Clorey Jennie Clorey Convau physician 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, orunknown) Albert 9 323-18-4323-A the attending p 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) burial-tronsit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) has been be detached far use as the State Dept. af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES C NO . O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, )
OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 220. I certify that (I) (this hospital) ottended the deceased from TO HOSPITAL OR ATTENDIN Page 4 may be retained by 1968, and that in (my) (our) apinion death accurred on the dote and hour ond from the saw the deceased alive oncouses stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING directar, page 3 shauld be filed v DEGREE PHYS. DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type D. 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) ort Lincoln Cemetery George Count Carter 34 ADDRESTATA Ave. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Pumphrey. 30M REV. 1/68 Silver Spring. DATE

MARYLAND STATE DEPARTMENT OF HEALTH

Say the advantage that will have constituted as the same seems of The second of th tal in milital less able Colombia South Littles Process, 34 and the total and the continuence of the continuence of the court, in The territory of the stage of the Bearing, June Date, Silver Spring, and

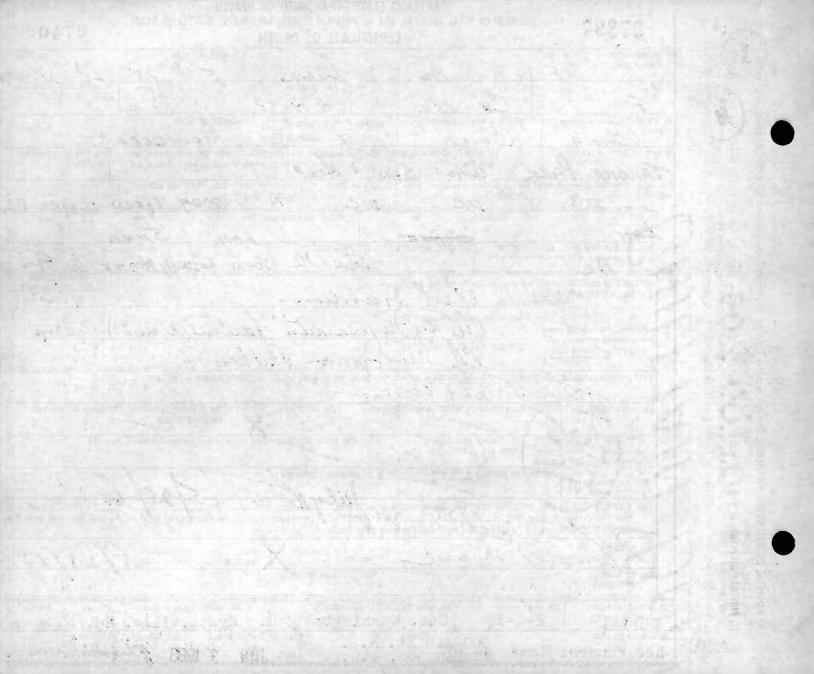
MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07400 DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) BERNARD NISHARD 4. RACE S. DATE OF BIRTH AGE (In years IF UNOER I YEAR IF UNDER 24 HRS lost birthday) and campletely filled in by the 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Montgomery WIDOWED M DIVORCED [ ennsulvania af Health prior ta burial, cremation, ar remaval, and in any event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 3d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES X NO 202 -14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMAN Address Yes, no. or unknown) 77-10-4379 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND OFAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if ony, which gove ) nise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) far use as the renoir 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIPYING CAUSES OF DEATH? NO TE hupertrophied Pinx 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) P.M director, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from APTI/ 10, 1960, ta May 5, 1968, that (I) (we) last saw the deceased alive an May 3, and that in (my) (cor) apinian death accurred an the date and haur and from the O FUNERAL DIRECTOR: After causes stated abave, (1) (ve) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS . Easymon Universi 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) BRENOYAL (Specify) 5/7/68 Cedar Hill Cemetery Suitland, Prince Georges, Md 24. FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 1968 Suitland Road Suitland, Maryland



(-)	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE )	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07401
HEALTH DEPL	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Do	oy Yeor 2b. HOUR
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hin 24 hours ofter death neil in Item 18. Give Pages 1, niner's Office olong with formpages I ond 2 with the State Dr. hours after death.	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
d within 24 hours of in pencil in Item 18.  Examiner's Office of File pages 1 ond 2 with 72 hours after dec	(Yes, no, or unknown) (If yes give war or dates of service) 579-32-6125 A Will Allen, RD 4, Frederick, Md.	Son-in-law
shauld be executed with neword "pending" in perion the Chief Medicol Example. Buriol-transit permit. File I in ony event within 72	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
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ER: This certificate shauld be executed within 24 hours ofter death certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, ould be forworded to the Chief Medical Examiner's Office olong with form es. hould be used as a buriol-transit permit. File pages I and 2 with the State Defion, or removal, and in any event within 72 hours after death.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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MARTLAND STATE DEPARTMENT OF HEALTH

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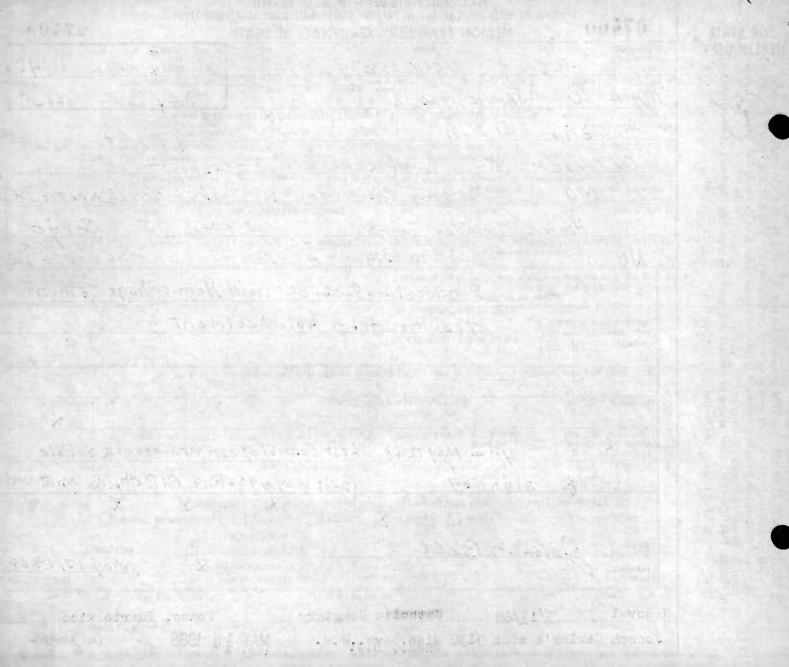
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the sit production		Canditians, if any, which gave rise ta immediate cause (a),	(b)	1	mocardiel in	tareton	12/4
tho tron crer		stating the underlying cause	DUE TO, OR AS A CONSEQUEN	CE OF			
equires that the physician. signed by the buriol-transit puriol, cremati		last.	(c)				
sig bur		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED 1	TO THE TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART 1(a)	
law rending s been os the prior to	NO	4201	diasons me	UITVI	OO. AUTODOVO	Tool it was then standau	GS CONSIDERED IN CERTIFYING
독 to Para X	CERTIFICATION		CONDITION FOR WHICH OPERATION W		20a. AUTOPSY? YES NO	CAUSES OF DEATH?	
AN: The		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT		21c. 1	IOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part	2, Item 18.)
pite pite post	MEDICAL	(If either natify medical examination	per) P.M.	10			
D HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or 5 FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u shauld be filed with the State Dept. of Heal	W	21d. INJURY OCCURRED 21e. While Nat while at wark	PLACE OF INJURY ( AT HOME, FARM, STR OFFICE BUILDING, ET	REET, FACTORY.) 211.	OCATION Street at R.F.D. Na.	City ar Tawn	Caunty State
ING by t fter se d		22o. I certify that (I) (thi	s hospital) attended the de	ceased from_	4/27 , 196	9, to 5/2,	19 <u>6 L</u> , that (I) (we) last date ond hour ond from the
TEND ined   OR: Al	10	saw the deceased of couses stoted obove	ive an 5/2- , (I) (we) (did) (did-net) view	19 <u>6 F</u> , ar the body ofter	nd that in (my) ( <del>our)</del> opin death.	ian death occurred on the	date ond hour ond from the
ECT of a showith		22b. SIGNATURE		mo	ATTENDING ME	D. STAFF	22c. DATE SIGNED
De	1		Harries	DEG	REE PHYS.	RECTOR PHYS.	5/2/60
SPITAL 4 moy VERAL lor, poi		22d. PHYSICIAN'S NAME (Type)	N- Sandstrom.	MIP		rroll Ave Takon	ma Pork, 1 d
Poge 4 may be retained by the haspital or FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for ushauld be filed with the State Dept. of Healt	23a	BURIAL, CREMATION, 23b. I		NE OF CEMETERY OF THE HILL C		23d. LOCATION (City or Town) Suitland, Mai	
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR	m Funerah AD	Mome	2Sa. REC'D BY		AR'S SIGNATURE
30M REV. 1/68	4	508 JUHLAND	CY.S.E. Was	4, D.C	, DATE	MAY 6 1968	Minutes Judge

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-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 20. DATE KNOWN Manth Day Year 2b. HOUR
dy is 3 to Page ent of	(Type or Print) HECFOR FRANCISCO ZAYAS DEATH MATED MAY 62 1968 4 M
d 3 Pa	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lif under 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR
PSE	MALE W JAN 10-1950 18 YRS. MONTHS DAYS HOURS MIN. Manthy A V Day Year 1968 59 M
12. June	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH /
Te for	Puecto Kan U.S.A WIDOWED DIVOKED / MONT GOMERY. Md
haurs after death Item 18. Give Pages Office along with fail 1 and 2 with the State after death.	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work dane give street oddress)  12. USUAL OCCUPATION (Kynd of work dane during most of working life, even if retired.) INDUSTRY
g w g w	Ut HESDA SUBURDAN STUDENT
s after 18. Gir 18. Gir along 2 with death.	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE // C . 13b. COUNTY Montgomery CHENY CHASE YES NO 136.06 KENIL WORTH DR
Jus Jaza Jaza	
haurr Item Office I and 3	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last ESTHER SELECTION
hin 24 ncil in niner's pages haurs	1161,1016 6/11/10018 7/11/10
within 24 haurs after death pencil in Item 18. Give Pages xaminer's Office along with far le pages 1 and 2 with the State 72 haurs after death.	16a. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, ng, grunknown) (Hyes give war or dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT H-C ZAYAS)  ADDRESS CHEVY CHASE  (Yes, ng, grunknown)  17. INFORMANT H-C ZAYAS  ADDRESS CHEVY CHASE  (FATHER - 3606 KENIL WOETH DR
INER: This certificate shauld be executed within 24 haurs after death e certificate, writing the word "pending" in pencil in Item 18. Give Pag shauld be farwarded to the Chief Medical Examiner's Office along with files.  3 shauld be used as a burial-transit permit. File pages land 2 with the Station, ar remaval, and in any event within 72 hours after death.	APPROXIMATE INTERVAL
utec g" i ical init.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) 5 Ubclus land Sub arachneid Hemorrhage.  BETWEEN OWSET AND DEATH  STORY
be execut pending ief Medicc nsit permi	DUE TO, OR AS A CONSEQUENCE OF
per neit I	Conditions, if any, which gave) we trauma from Auto Accident.
ord by ch	rise to immediate cause (a), (D) DUE TO, OR AS A CONSEQUENCE OF
we the the urial	last.
certificate shauld writing the word rwarded ta the Cl ised as a burial-tr iaval, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
This certificate icate, writing the be farwarded to do be used as a bar remaval, and	z 8234
wri rwa rwa sed	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTOPSY?
his arte, be to ren	₩ YES XX NO
ER: This certificate, auld be fees. hauld be in a rei	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING   HOUR A.M.
VER cer cer cer and les. sha sha tian	CAUSE OF DEATH MAY 12/968. ROJI CONTICT OF CONTICTOR OF C
the 4 slow file 3 le 3 ema	
ICAL EXAMINER: te execute the certifier. Page 4 should defen your files. iCTOR: Page 3 shoul burial, cremation,	
AL far	220. I certify that I took charge of the remains described above, held an Autopsy 💢, Inspection 🔀, Inquiry 💢, and in my opinion
se ecto ined	death resulted from: Notural couses , Accident , Suicide , Hamicide , Undetermined manner
ry, please eral direct be retaine RAL DIREC	ACTUAL O D & P O D CHIEF MEDICAL EXAMINER CONTROL 226 DATE SIGNED
ry, ry, eral be real peri	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE STORED
o DEPUTY  necessary, please est the funeral directar.  5 may be retained to FunERAL DIRECTOR	EXAMINER'S  NAME (Type)  ADDRESS(Street, city, town, or caunty)
ro DEPUTY SICAL EXAMINER: This certifical necessary, please execute the certificate, writing the funeral directar. Page 4 shauld be farwarden 5 may be retained far your files. For FUNERAL DIRECTOR: Page 3 shauld be used as Health priar ta burial, crematian, ar remaval, or	230. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
	Removal 5/13/68 Catholic Cemetery Ponce, Puerto Rico
	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE.
VR A15ME (5) 10M REV. 1/68	Joseph Gawler's sons 5130 Wisc. Ayec. N.W. DATE MAY 16 1968 former Junger

MAKTLAND STATE DEPAKIMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH 2h HOUR (Type ar print) Manth EDWARD ZUPNIK 10AA 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IE UNDER 24 HRS. last birthday) DAYS NOURS 5/14/88 White Male hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [ NEVER MARRIED ] country) DIVORCED [ WIDOWED [ Carmell. N.J. womex Montgomery 24 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street address) during most of working life, even if retired.) | INDUSTRY | Wholesale confectioner sales Silver Spring, Md. Holy Cross Hospital 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO Washington D 5352 29th St. N.W. D.C. none and in any 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Lost Lost Annie Joseph NMI Zupnik signed by the attending physician burial-transit permit. Then please 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, na. ar unknawn) crematian, ar removal, 5342 28th NW Wash D Son Joseph Zupnik none 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) TYO COED 104 INFORE TION DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave) rise ta immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause GRASH SQUE 25N6RA1 (250) burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 State Dept. of Health TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County While Nat while ot wark 22a. I certify that (I) (this haspital) attended the deceased fram (106 10, 1977, to 1979 saw the deceased alive an 5 /2/ 1% I, and that in (my) (our) apinian death accurred an the date and hour and fram the directar, page 3 shauld should be filled with the causes stated abave, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) " REMOVAL (Specify) 5-24-68 Adas Israel Cemetery Washington, DC FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR VR A15 (4) Bernard Danzansky & Sons Wash., DC 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

Company of the Control of the Contro SOUTH TO DESCRIPTION AND ADDRESS OF MARKET STREET